

Name  
in  
Full

Laura S. Beauchamp

## CERTIFICATE OF DEATH

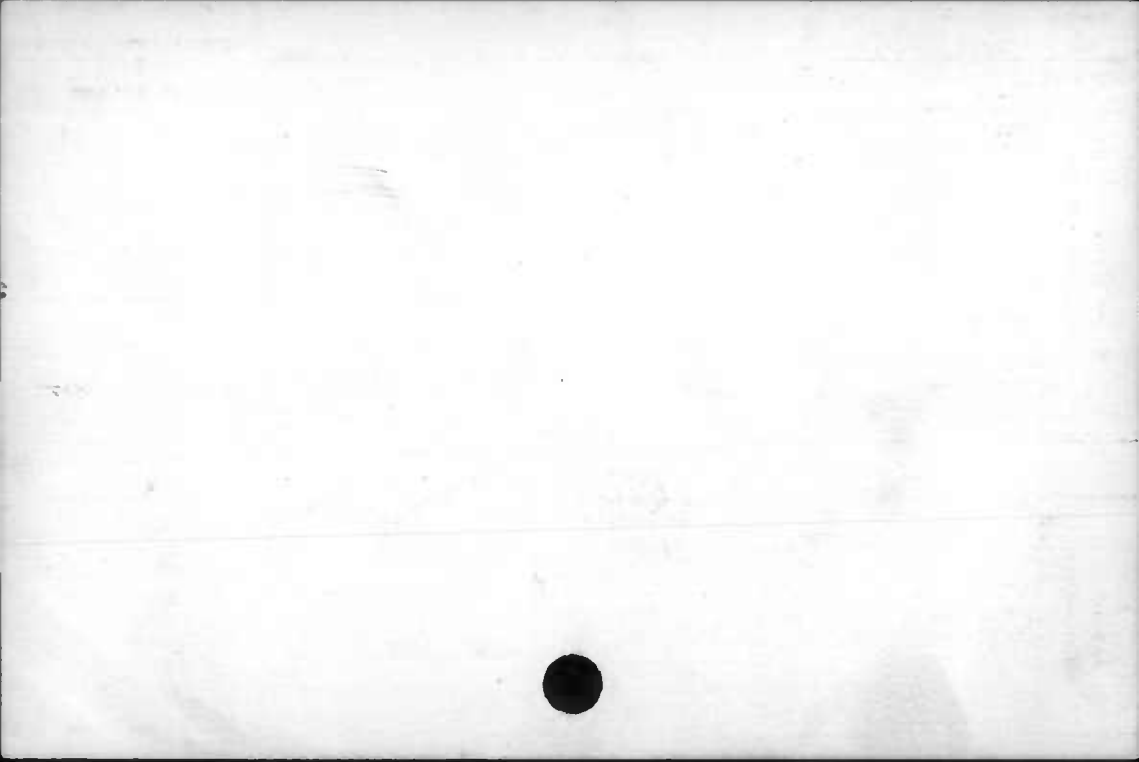
TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                            |                 |                 |               |
|--|---|----------------------------|-----------------|-----------------|---------------|
| Died at <i>Salisbury</i> Town                              |   | <i>Wicomico</i> County     |                 | MARYLAND        |               |
| Date of death <i>1909</i>                                  | Month <i>June</i>                                 | Day <i>6<sup>th</sup></i>  | Years <i>59</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i>  | Color or Race <i>White</i>                        | Birthplace <i>Maryland</i> |                 |                 |               |
| Occupation <i>Housekeeper</i>                              | Where Reiding if not at place of death            |                            |                 |                 |               |
| Married, Single or Widowed <i>Widow</i>                    | Name of Wife or Husband <i>James A. Beauchamp</i> |                            |                 |                 |               |
| Father's Name <i>Joseph R. Hitchens</i>                    | Father's Birthplace <i>Maryland</i>               |                            |                 |                 |               |
| Mother's Maiden Name <i>Marg E. Windsor</i>                | Mother's Birthplace <i>"</i>                      |                            |                 |                 |               |
| Name of person giving Information <i>Stewart Beauchamp</i> | How related to deceased <i>Son</i>                |                            |                 |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Tuberculosis Pulmonum</i>  | How long <i>Year</i>                       |
| Immediate <i>Exhaustion</i>   | How long <i>—</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Geo. H. Todd</i> |
|   | Address <i>Salisbury Md</i>                |
| Accident or Suicide   |  |



Name  
in  
Full

William W. Barnatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                   |                |  |           |                            |                 |
|--------------------------------------|-------------------|----------------|--|-----------|----------------------------|-----------------|
| Died at                              |                   | Town<br>Hebron | County<br>Naomisco                         |           | MARYLAND                   |                 |
| Date<br>of death                     | 1909              | Month<br>June  | Day<br>15                                  | Age<br>78 | Months                     | Days            |
| Sex                                  | Male              |                | Color or<br>Race                           | White     |                            | Birth-<br>place |
| Occupation                           | Farmer            |                | Where Residing if not<br>at place of death |           | Barren Creek.              |                 |
| Married, Single<br>or Widowed        | Single            |                | Name of Wife or<br>Husband                 |           |                            |                 |
| Father's<br>Name                     | Jevin Barnatt     |                |  |           | Father's<br>Birthplace     | Barren Creek    |
| Mother's<br>Maiden Name              | Sallie B. Bradley |                |  |           | Mother's<br>Birthplace     | " "             |
| Name of person giving<br>Information | George E. Barnatt |                |  |           | How related<br>to deceased | Son.            |

CAUSES OF DEATH

|   |                   |                       |           |
|---|-------------------|-----------------------|-----------|
| Primary   | General Debility  | How long              | 79 X      |
| Immediate   | Cardiac Paralysis | How long              | Immediate |
| Are the name, age, sex, color, date<br>and place correctly given above? |                   | Yes                   |           |
| Signature of<br>Physician   |                   | J. H. Eldredge        |           |
| Address   |                   | Medula Springs<br>Md. |           |
| Accident or Suicide   |                   | Accident              |           |

PHYSICIAN  
OR CORONER

H. D. Graves 4/13/10

Name  
in  
Full

Rachel E. Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at *Sharptown* Town *Wicomico* County **MARYLAND**

Date of death 1900 *June* Month *12* Day Age *66* Years *4* Months *28* Days

Sex *Female* Color or Race *White* Birth-place *Wicomico Co.*

Occupation *Housewife* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Flavious J Bradley*

Father's Name *Beauchamp Howard* Father's Birthplace *Not known*

Mother's Maiden Name *Mahalia Bennett* Mother's Birthplace *Delaware*

Name of person giving Information *Linda Bradley* How related to deceased *Daughter*

CAUSES OF DEATH

14

Primary *Dysentery* How long *3 weeks*

Immediate *Cardiac Failure* How long *2 days*

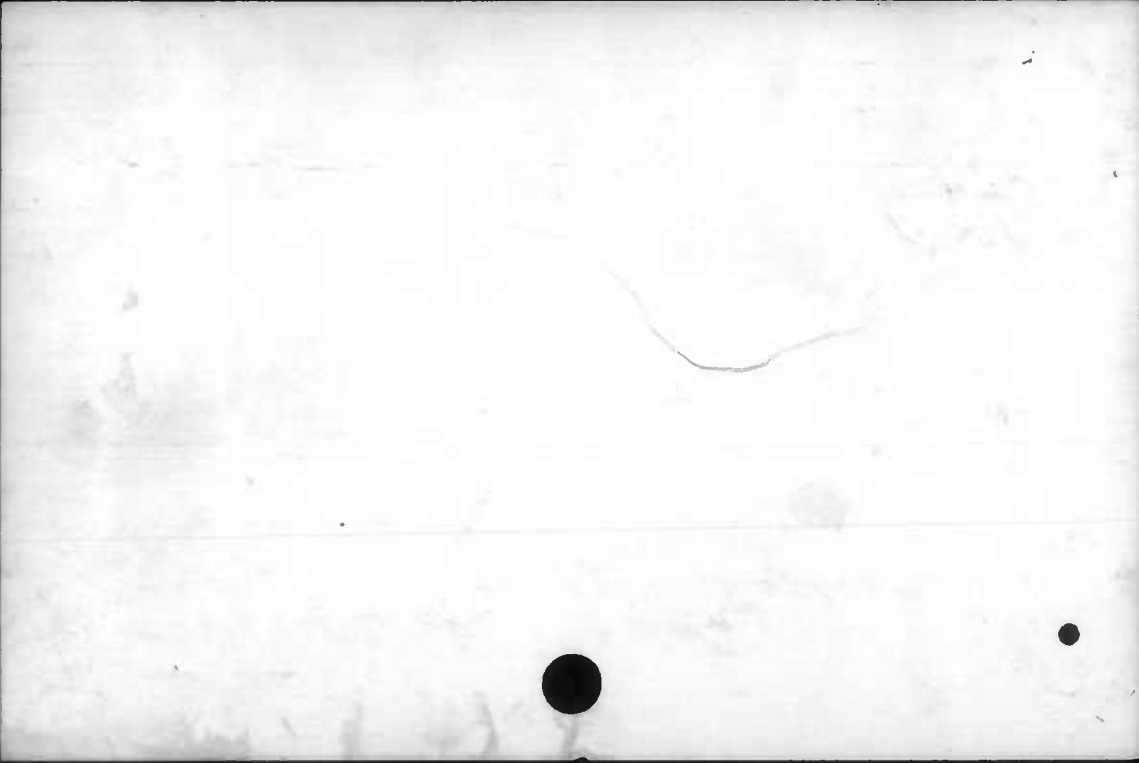
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles H. Brewington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

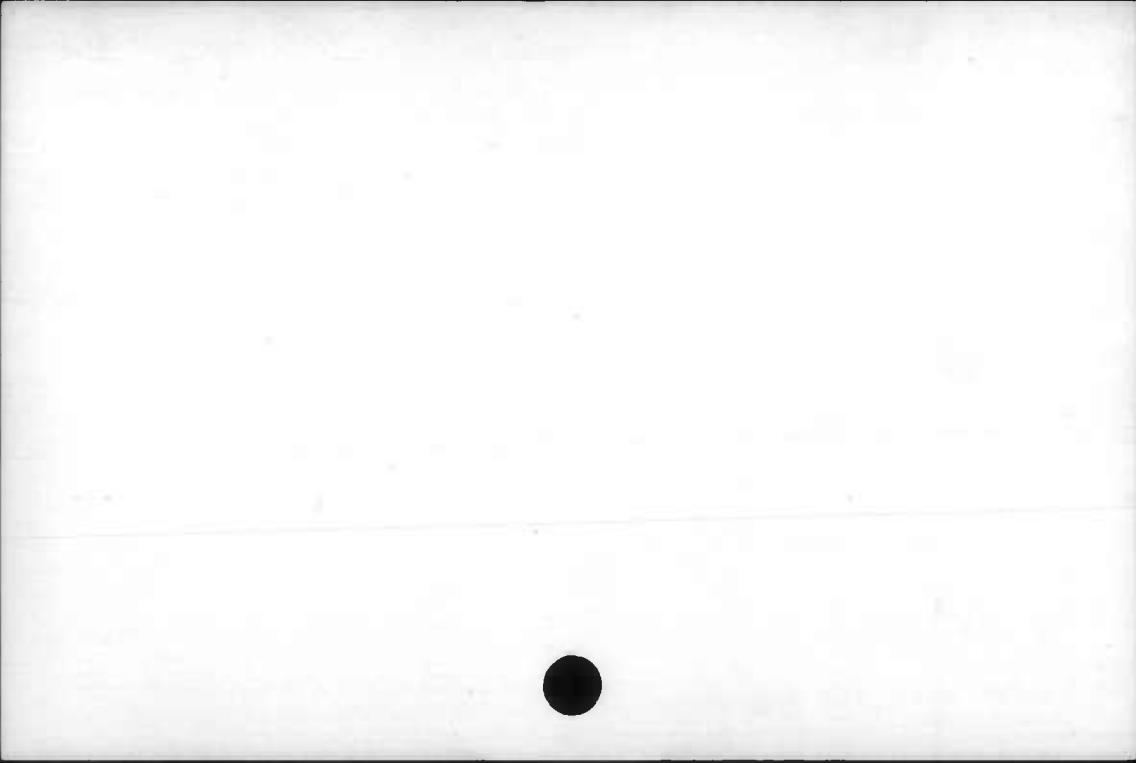
|                                   |  |                   |  |   |  |                    |  |            |  |               |  |
|-----------------------------------|--|-------------------|--|---|--|--------------------|--|------------|--|---------------|--|
| Died at                           |  | Salisbury         |  | Town                                    |  | Wicomico           |  | County     |  | MARYLAND      |  |
| Date of death                     |  | 1909              |  | June                                    |  | 24 <sup>th</sup>   |  | Age        |  | 39            |  |
| Sex                               |  | Male              |  | Color or Race                           |  | Negro              |  | Birthplace |  | Salisbury Md. |  |
| Occupation                        |  | Farmer            |  | Where Residing if not at place of death |  |                    |  |            |  |               |  |
| Married, Single or Widowed        |  | Married           |  | Name of Wife or Husband                 |  | Loernie Brewington |  |            |  |               |  |
| Father's Name                     |  | Unknown           |  | Father's Birthplace                     |  | Unknown            |  |            |  |               |  |
| Mother's Maiden Name              |  | Mary Brewington   |  | Mother's Birthplace                     |  | Salisbury Md.      |  |            |  |               |  |
| Name of person giving Information |  | John L. Birckhead |  | How related to deceased                 |  | None               |  |            |  |               |  |

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|  |  |                |               |
|--|--|----------------|---------------|
| Primary  | Chronic Nephritis organic disease of heart | How long       | Don't know    |
| Immediate  | Arteriosclerosis heart failure             | How long       | Several weeks |
| Are the name, age, sex, color, date and place correctly given above? |  | Yes            |               |
| Signature of Physician   |  | L. C. R. M. D. |               |
| Address  |  | Salisbury Md.  |               |
| Accident or Suicide  |  | Hill           |               |





Name  
in  
Full

Infant no name (Birmingham)

## CERTIFICATE OF DEATH

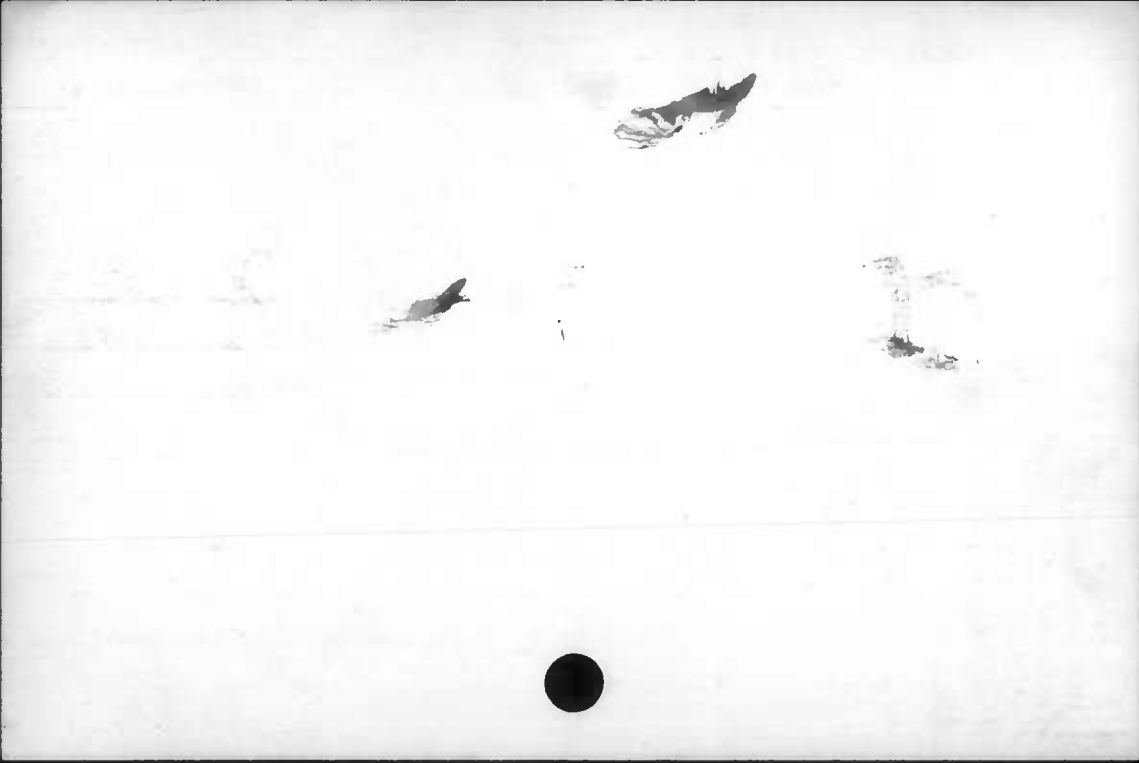
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                   |                               |                            |                          |
|--|--|-----------------------------------|-------------------------------|----------------------------|--------------------------|
| Died at <u>Salisbury</u> <sup>Town</sup>                   |  | <u>Wicomico</u> <sup>County</sup> |                               | MARYLAND                   |                          |
| Date of death 190 <u>8</u> <sup>Month</sup>                |  | <u>1</u> <sup>Day</sup>           | Age <u>—</u> <sup>Years</sup> | <u>—</u> <sup>Months</sup> | <u>—</u> <sup>Days</sup> |
| Sex <u>Male</u>  | Color or Race <u>White</u>                                   | Birth-place <u>Md</u>             |                               |                            |                          |
| Occupation <u>Infant</u>                                   | Where Residing if not at place of death <u>Salisbury Md.</u> |                                   |                               |                            |                          |
| Married, Single or Widowed <u>—</u>                        | Name of Wife or Husband <u>—</u>                             |                                   |                               |                            |                          |
| Father's Name <u>John G Birmingham</u>                     | Father's Birthplace <u>Md</u>                                |                                   |                               |                            |                          |
| Mother's Maiden Name <u>Emma Parsons</u>                   | Mother's Birthplace <u>Md</u>                                |                                   |                               |                            |                          |
| Name of person giving Information <u>John G Birmingham</u> | How related to deceased <u>Sister</u>                        |                                   |                               |                            |                          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Still born</u>   | How long <u>8</u> <sup>Hours</sup>                |
| Immediate <u>—</u>  | How long <u>—</u>                                 |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Louis W. Eames M.D.</u> |
|   | Address <u>Salisbury Md.</u>                      |
| Accident or Suicide <u>—</u>  |   |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

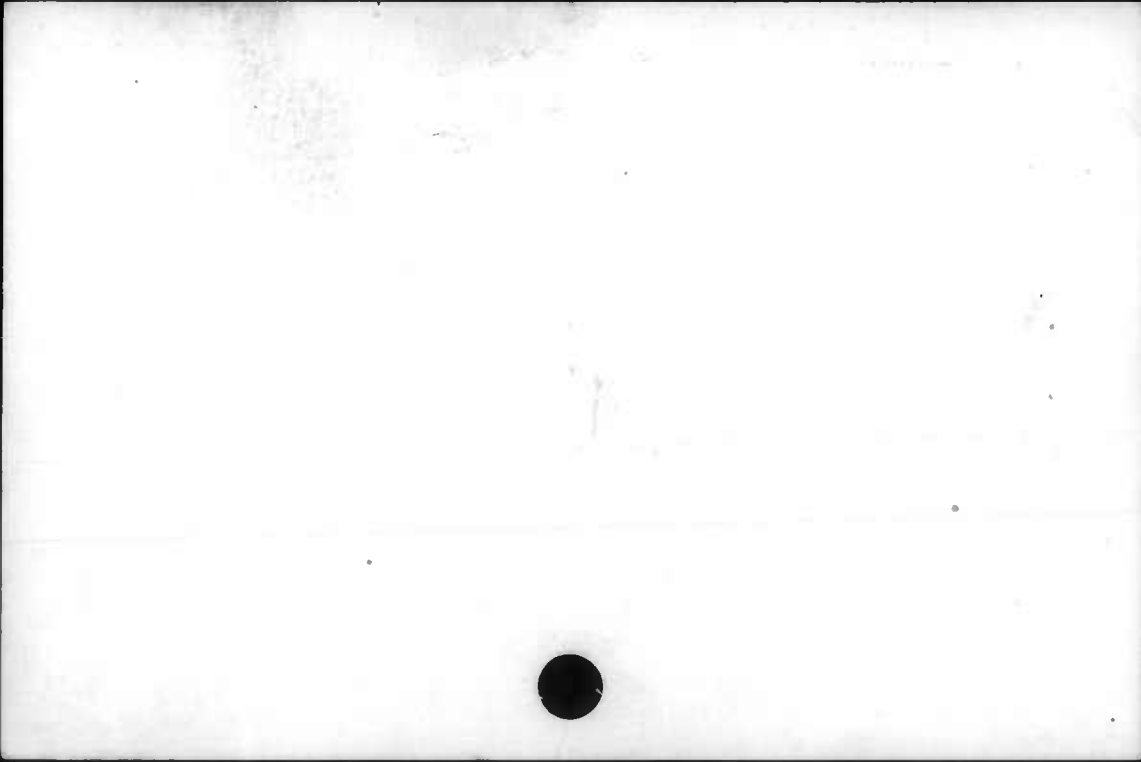
John W Brooks  
Salisbury Wicomico  
Died at Town County  
Date of death 1909 June 26 Age 41 2 Months 1 Days  
Sex male Color or Race Black Birth-place Md  
Occupation Laborer Where Residing if not at place of death  
Married, Single ~~Widowed~~ Name of Wife or Husband Hattie Brooks  
Father's Name James Brooks Father's Birthplace Md  
Mother's Maiden Name Comfort Wright Mother's Birthplace Md  
Name of person giving Information Hattie Brooks How related to deceased wife

CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary Gangrene of scrotum & testicles How long 3 days  
Immediate General Peritonitis How long 24 hours  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Harry C. Hull M.D.  
Address Salisbury Maryland  
Accident or Suicide



Name  
In  
Full

## CERTIFICATE OF DEATH

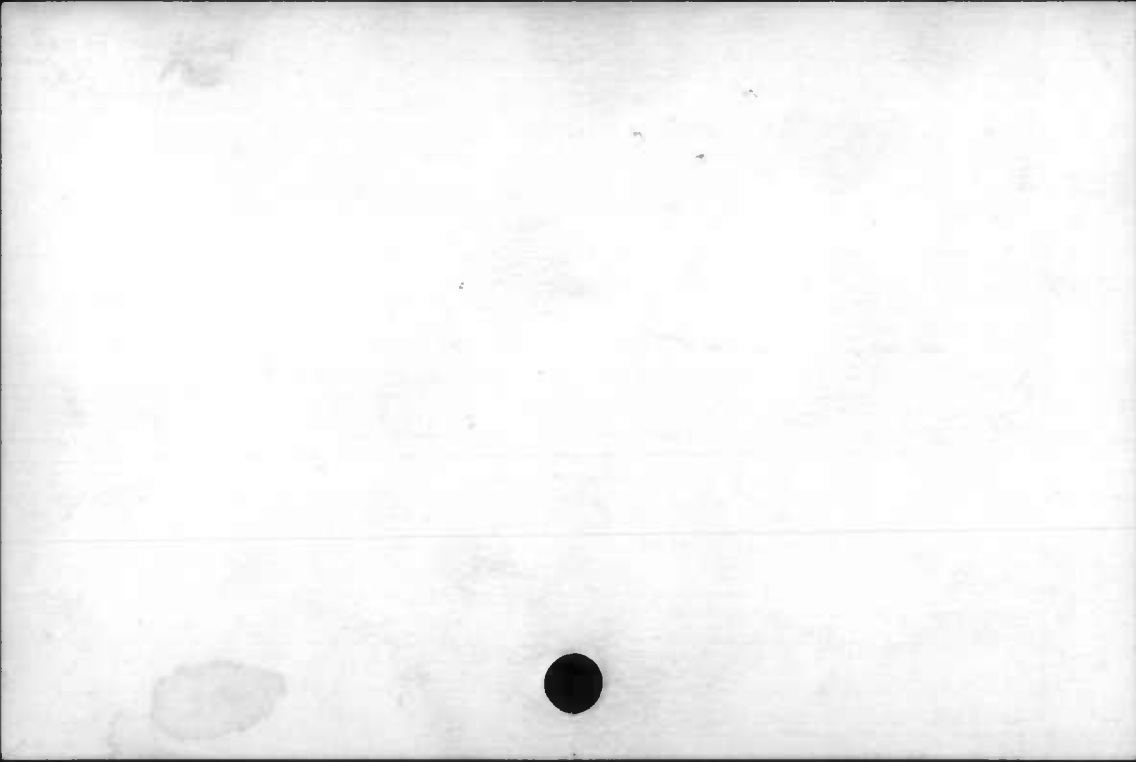
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |               |                           |       |                 |                |
|--|--|---|---------------|---------------------------|-------|-----------------|----------------|
| Died at  |  | Town <i>Belmar</i>                                    |               | County <i>Hickman</i>     |       | MARYLAND        |                |
| Date of death 1909                                   |  | Month <i>July</i>                                     | Day <i>21</i> | Age <i>0</i>              | Years | Months <i>6</i> | Days <i>23</i> |
| Sex <i>infant</i>                                    |  | Color or Race <i>White</i>                            |               | Birth-place <i>Belmar</i> |       |                 |                |
| Occupation <i>infant</i>                             |  | Where Residing if not at place of death <i>Belmar</i> |               |                           |       |                 |                |
| Married, Single or Widowed <i>infant</i>             |  | Name of Wife or Husband <i>infant</i>                 |               |                           |       |                 |                |
| Father's Name <i>Oscar Brown</i>                     |  | Father's Birthplace <i>md.</i>                        |               |                           |       |                 |                |
| Mother's Maiden Name <i>Clara Brown</i>              |  | Mother's Birthplace <i>md.</i>                        |               |                           |       |                 |                |
| Name of person giving Information <i>Oscar Brown</i> |  | How related to deceased <i>Father</i>                 |               |                           |       |                 |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Brain Tumor</i>  | How long <i>60</i> <i>X</i>                        |
| Immediate <i>Convulsions</i>  | How long <i>10 days</i>                            |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Robert Ellegood M.D.</i> |
|   | Address <i>Belmar</i>                              |
| Accident or Suicide   | <i>del</i>   |



Name in Full *Charles E. Burris*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                        |             |             |           |
|---|---|------------------------|-------------|-------------|-----------|
| Died at <i>Salisbury</i> Town                         |   | <i>Wicomico</i> County |             | MARYLAND    |           |
| Date of death   | Month   | Day                    | Years       | Months      | Days      |
| <i>190</i>  | <i>June</i>   | <i>25</i>              | <i>26</i>   | <i>June</i> | <i>25</i> |
| Sex <i>male</i>                                       | Color or Race <i>open</i>                                   |                        | Birth-place |             |           |
| Occupation <i>General labor</i>                       | Where Residing if not at place of death <i>112 Chestnut</i> |                        |             |             |           |
| Married, Single or Widowed <i>single</i>              | Name of Wife or Husband                                     |                        |             |             |           |
| Father's Name <i>Charles Burris</i>                   | Father's Birthplace <i>Wicomico</i>                         |                        |             |             |           |
| Mother's Maiden Name <i>Mary A. Burris</i>            | Mother's Birthplace <i>1</i>                                |                        |             |             |           |
| Name of person giving information <i>B. J. Burris</i> | How related to deceased <i>Brother</i>                      |                        |             |             |           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Pulmonary tuberculosis</i>   | How long <i>1 year</i>                    |
| Immediate <i>Heart</i>  | How long <i>few hours</i>                 |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>[Signature]</i> |
| <i>as I know</i>  | Address <i>Salisbury Md</i>               |
| Accident or Suicide? <i>No</i>  | <i>(over)</i>                             |

This subject had literary  
but I never attended him & only  
saw him shortly before death

Wm. F. F.



Name  
in  
Full

Giacomo Carino

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

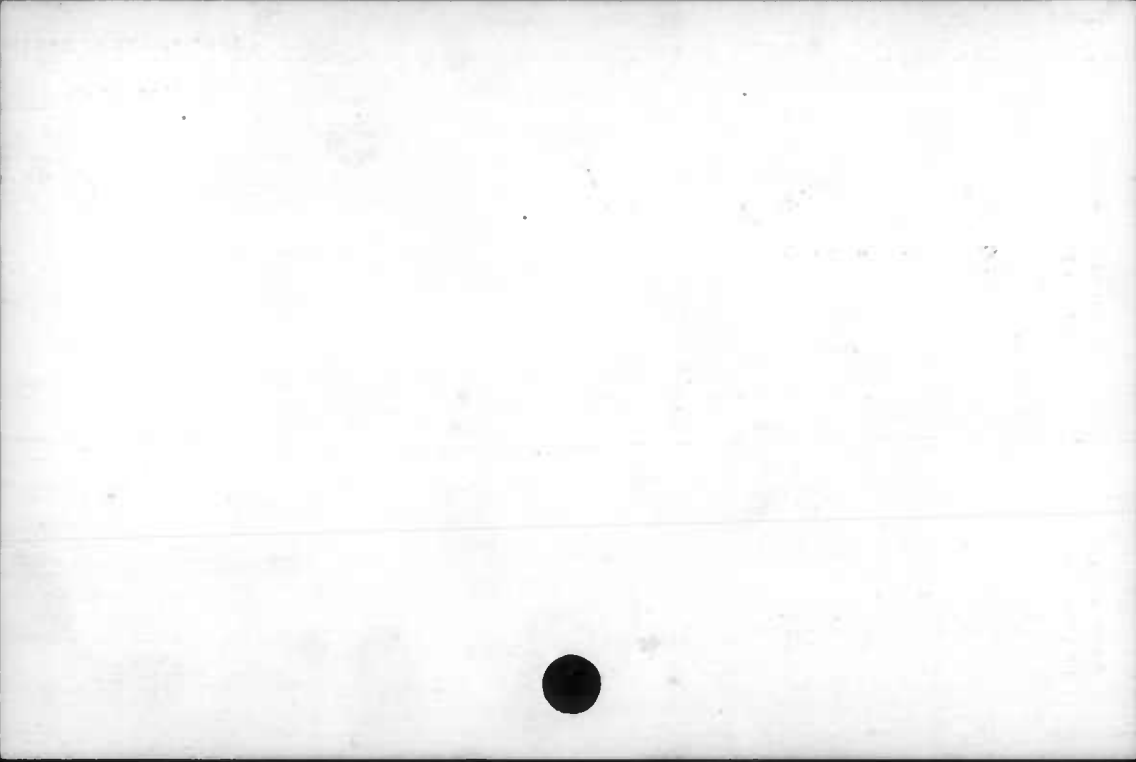
|   |  |                                     |  |   |  |              |  |                                |  |
|---|--|-------------------------------------|--|---|--|--------------|--|--------------------------------|--|
| Died at <i>Salisbury</i>                                |  | Town                                |  | <i>Wicomico</i>                                     |  | County       |  | MARYLAND                       |  |
| Date of death <i>1909</i>                               |  | Month <i>June</i>                   |  | Day <i>3rd</i>                                      |  | Age <i>0</i> |  | Months <i>8</i> Days <i>27</i> |  |
| Sex <i>Male</i>   |  | Color or Race <i>White</i>          |  | Birth-place <i>Salisbury Md.</i>                    |  |              |  |                                |  |
| Occupation <i>None</i>                                  |  |                                     |  | Where Residing if not at place of death <i>None</i> |  |              |  |                                |  |
| Married, Single or Widowed <i>Single</i>                |  | Name of Wife or Husband <i>None</i> |  |   |  |              |  |                                |  |
| Father's Name <i>Galante Carino</i>                     |  |                                     |  | Father's Birthplace <i>Italy</i>                    |  |              |  |                                |  |
| Mother's Maiden Name <i>Solentora Paolona</i>           |  |                                     |  | Mother's Birthplace <i>Rome Italy</i>               |  |              |  |                                |  |
| Name of person giving Information <i>Galante Carino</i> |  |                                     |  | How related to deceased <i>Father</i>               |  |              |  |                                |  |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|   |  |   |  |
|---|--|---|--|
| Primary <i>Artificial feeding</i>   |  | How long                                    |  |
| Immediate <i>Enteric Colitis</i>  |  | How long <i>Two weeks</i>                   |  |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |  | Signature of Physician <i>J. B. O'Brien</i> |  |
|   |  | Address <i>Salisbury Md.</i>                |  |
| Accident or Suicide   |  |   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John W. Earnest* County *Salisbury* *Wicomico*  
 Date of death *1909* *Apr* *17* Age *3* Months *3* Days  
 Sex *male* Color or Race *white* Birth-place *Md*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name

*Alexander Earner*

Father's Birthplace

*ova*

Mother's Maiden Name

*Mary W Jenkins*

Mother's Birthplace

*Md*

Name of person giving Information

*Alexander Earner*

How related to deceased

*Father*

## CAUSES OF DEATH

Primary

*Enteric Colitis*

How long

*105**2 weeks*

Immediate

*same*

How long

*2 weeks*

Are the name, age, sex, color, date and place correctly given above?

*yes*

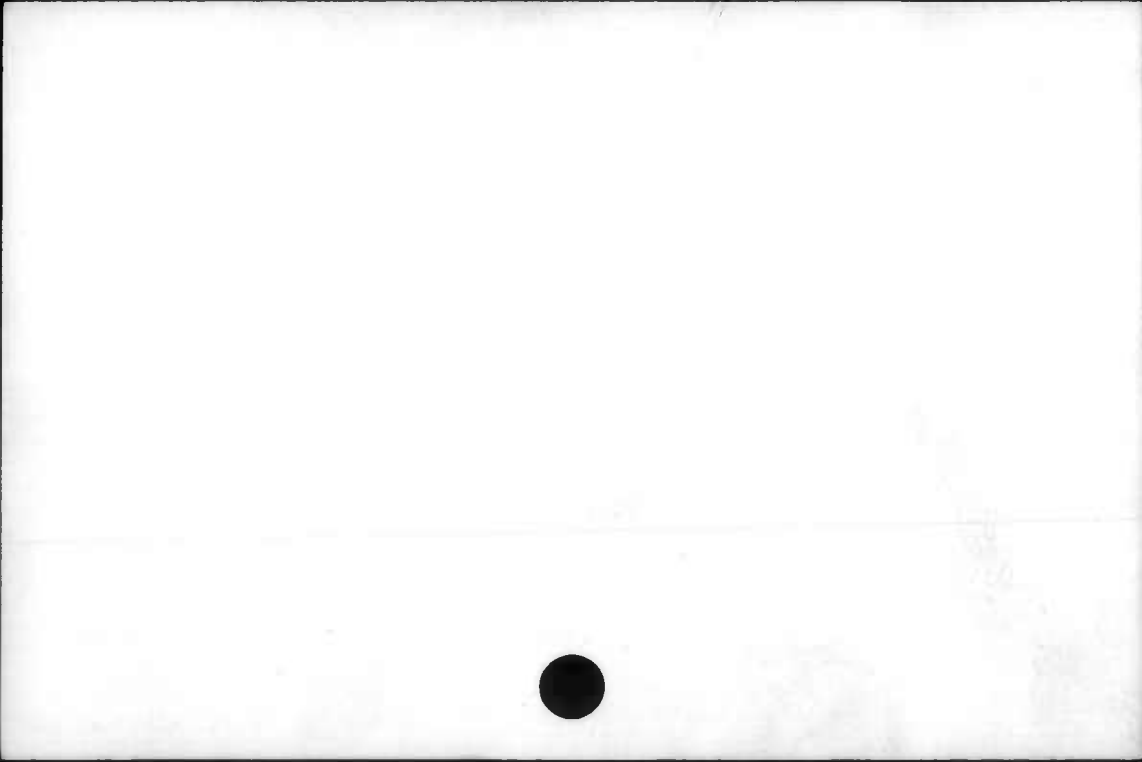
Signature of Physician

Address

*H. C. [Signature]  
Salisbury Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ida Cadanough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury <sup>Town</sup> Wicomico <sup>County</sup> **MARYLAND**

Date of death 190 8 <sup>Month</sup> June <sup>Day</sup> 2 <sup>Years</sup> 30 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Female Color or Race White Birth-place Del

Occupation Housework Where Residing if not at place of death

Married Yes or Unmarried Name of William <sup>Husband</sup> Cadanough

Father's Name John Outters Father's Birthplace Del

Mother's Maiden Name Rexellia King Mother's Birthplace Del

Name of person giving Information William Outters How related to deceased Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

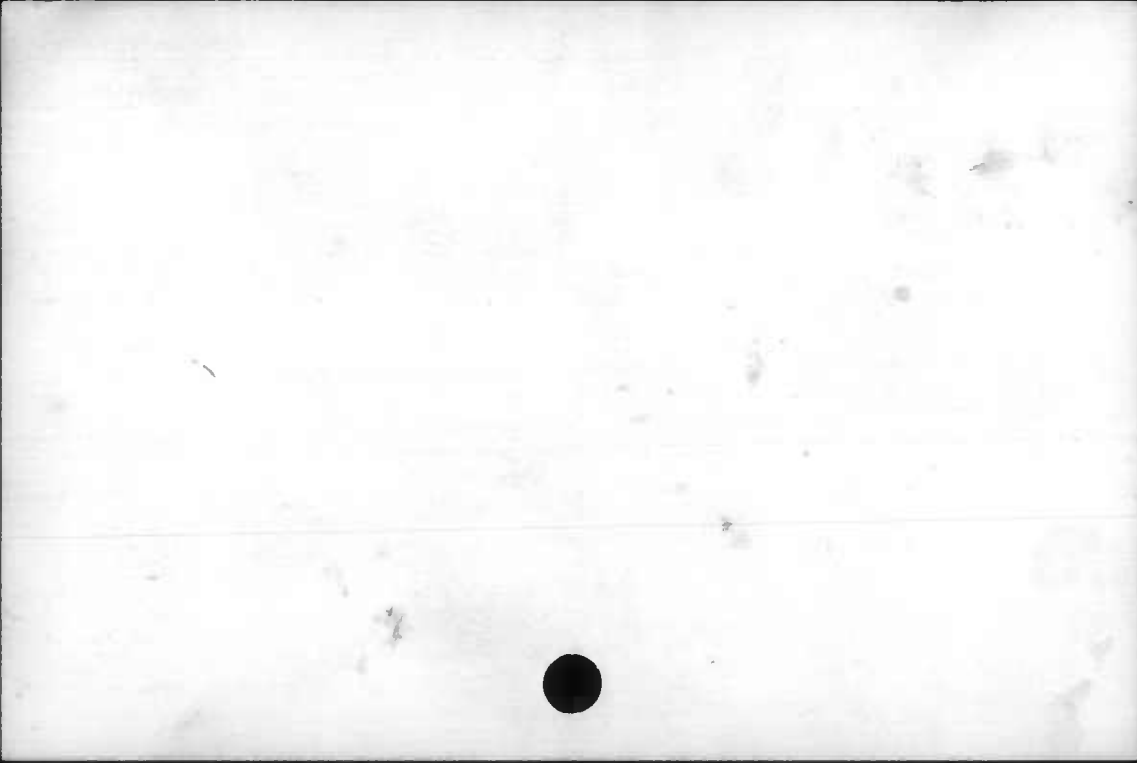
Primary Carcinoma Uterine Exhaustion & hemorrhage How long 2 yrs

Immediate Exhaustion & hemorrhage How long few days

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician W. J. Martin Address Salisbury, Md

Accident or Suicide No



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

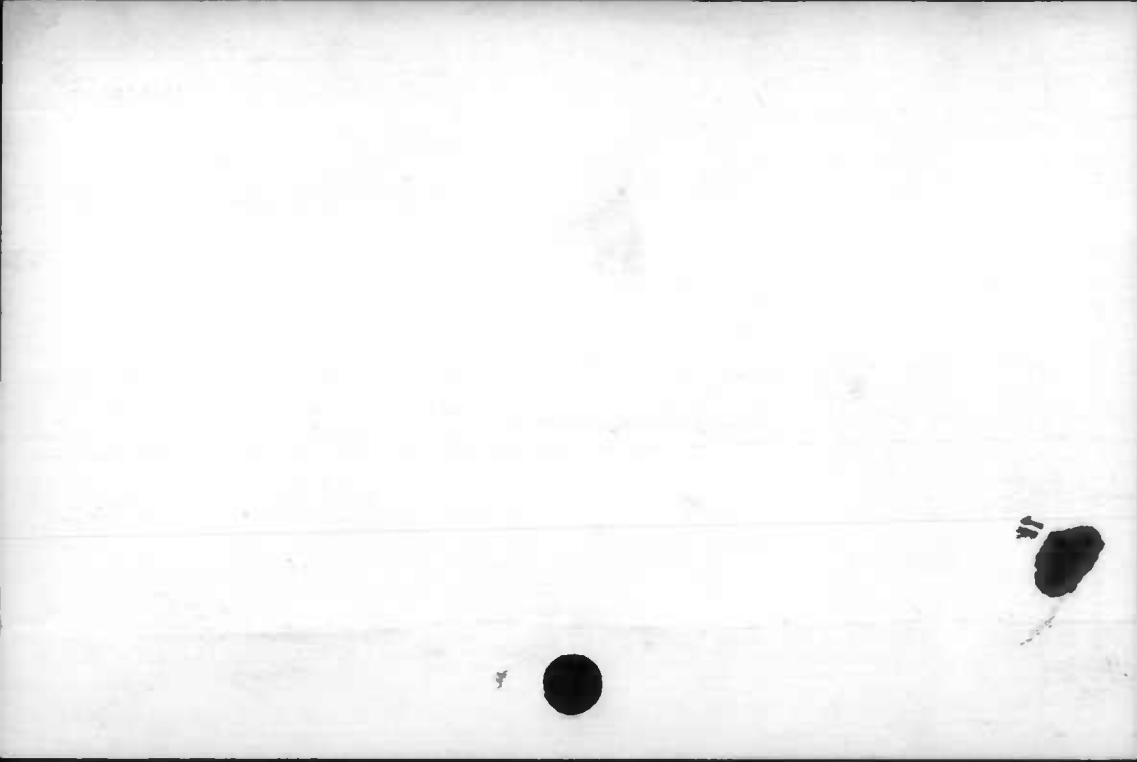
|   |  |   |  |                                    |  |                     |  |
|---|--|---|--|------------------------------------|--|---------------------|--|
| Name<br>in<br>Full<br><i>Chas. H. H. Bulmer</i>             |  | Town<br><i>Delmar</i>                       |  | County<br><i>Wicomico</i>          |  | MARYLAND            |  |
| Died at<br><i>Delmar</i>                                    |  | Month<br><i>6</i>                           |  | Day<br><i>24</i>                   |  | Years<br><i>70</i>  |  |
| Date<br>of death<br><i>1909</i>                             |  | Month<br><i>6</i>                           |  | Day<br><i>24</i>                   |  | Age<br><i>70</i>    |  |
| Sex<br><i>Male</i>  |  | Color or<br>Race<br><i>White</i>            |  | Birth-<br>place<br><i>Delaware</i> |  | Months<br><i>10</i> |  |
| Occupation<br><i>Carpenter</i>                              |  | Where Residing if not<br>at place of death  |  |                                    |  | Days<br><i>10</i>   |  |
| Married, Single<br>or Widowed<br><i>Single</i>              |  | Name of Wife or<br>Husband<br><i>None</i>   |  |                                    |  |                     |  |
| Father's<br>Name<br><i>Levin Bulmer</i>                     |  | Father's<br>Birthplace<br><i>Delaware</i>   |  |                                    |  |                     |  |
| Mother's<br>Maiden Name<br><i>Elizabeth Calverley</i>       |  | Mother's<br>Birthplace                      |  |                                    |  |                     |  |
| Name of person giving<br>Information<br><i>Ellen Bulmer</i> |  | How related<br>to deceased<br><i>Sister</i> |  |                                    |  |                     |  |

## CAUSES OF DEATH

112

|   |                             |  |                 |
|---|-----------------------------|--|-----------------|
| Primary   | <i>Rheumatism</i>           | How long   | <i>10 years</i> |
| Immediate   | <i>Atrophy of the Liver</i> | How long   | <i>6 weeks</i>  |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>yes</i> |                             | Signature of<br>Physician<br><i>James Brynahan</i> |                 |
|   |                             | Address<br><i>Delmar Del.</i>                      |                 |
| Accident or Suicide   |                             |  |                 |

PHYSICIAN  
OR CORONER





Name  
in  
Full

John W. H. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

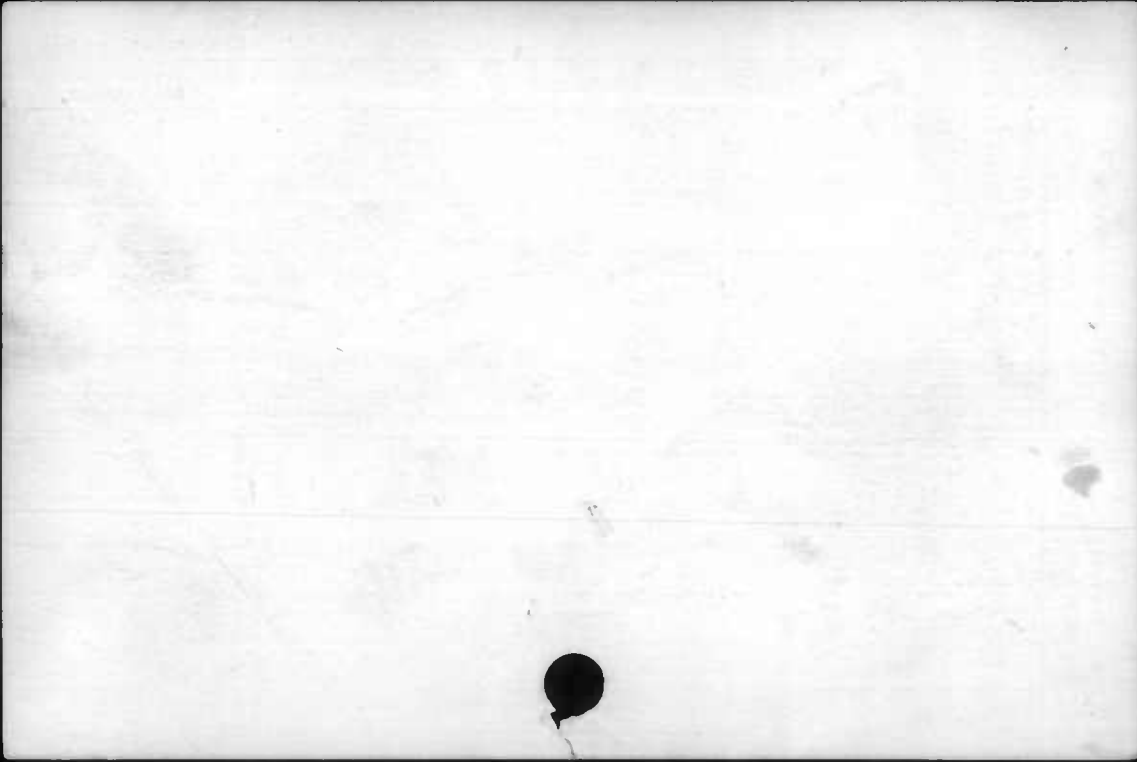
|                                   |               |                            |   |          |      |
|-----------------------------------|---------------|----------------------------|---|----------|------|
| Died at <u>Pittsville Md</u>      |               | County <u>Anne Arundel</u> |   | MARYLAND |      |
| Date of death                     | Month         | Day                        | Years                                   | Months   | Days |
| 1904                              | June          | 4                          | Age 49                                  | 6        |      |
| Sex                               | Color or Race | Birth-place                |   |          |      |
| male                              | white         | Pittsville Md              |   |          |      |
| Occupation                        |               |                            | Where Residing if not at place of death |          |      |
| Farmer                            |               |                            | —                                       |          |      |
| Married, Single or Widowed        |               | Name of Wife or Husband    |   |          |      |
| married                           |               | Henrietta Davis            |   |          |      |
| Father's Name                     |               |                            | Father's Birthplace                     |          |      |
| Sampson Davis                     |               |                            | Maryland                                |          |      |
| Mother's Maiden Name              |               |                            | Mother's Birthplace                     |          |      |
| Phoebe Pruitt                     |               |                            | "                                       |          |      |
| Name of person giving Information |               |                            | How related to deceased                 |          |      |
| Brother                           |               |                            | none                                    |          |      |

## CAUSES OF DEATH

27 X

PHYSICIAN  
OR CORONER

|  |                             |                        |                 |
|--|-----------------------------|------------------------|-----------------|
| Primary  | <u>Tuberculosis of Lung</u> | How long               | <u>4 months</u> |
| Immediate  | <u>" Intestines</u>         | How long               | <u>1 month</u>  |
| Are the name, age, sex, color, date and place correctly given above? |                             | Signature of Physician |                 |
| yes  |                             | L. C. Green            |                 |
|  |                             | Address                |                 |
|  |                             | Pittsville Md          |                 |
| Accident or Suicide  |                             |                        |                 |



Name  
in  
Full

Elmer Horoman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Wicomico County  
Date of death 190 9 June 11 17 Age Months Days  
Sex male Color or Race white Birth-place Md  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Eolger Horner

Father's Birthplace

Md

Mother's Maiden Name

Alura Guthrie's

Mother's Birthplace

Md

Name of person giving Information

Eolger Horner

How related to deceased

Father

CAUSES OF DEATH

(150)

Primary

Double hernia - left pedicle, etc. - since birth

Immediate

Parvotia from intestinal to 7 or 8 days

Are the name, age, sex, color, date and place correctly given above?

so far

Signature of Physician

Address

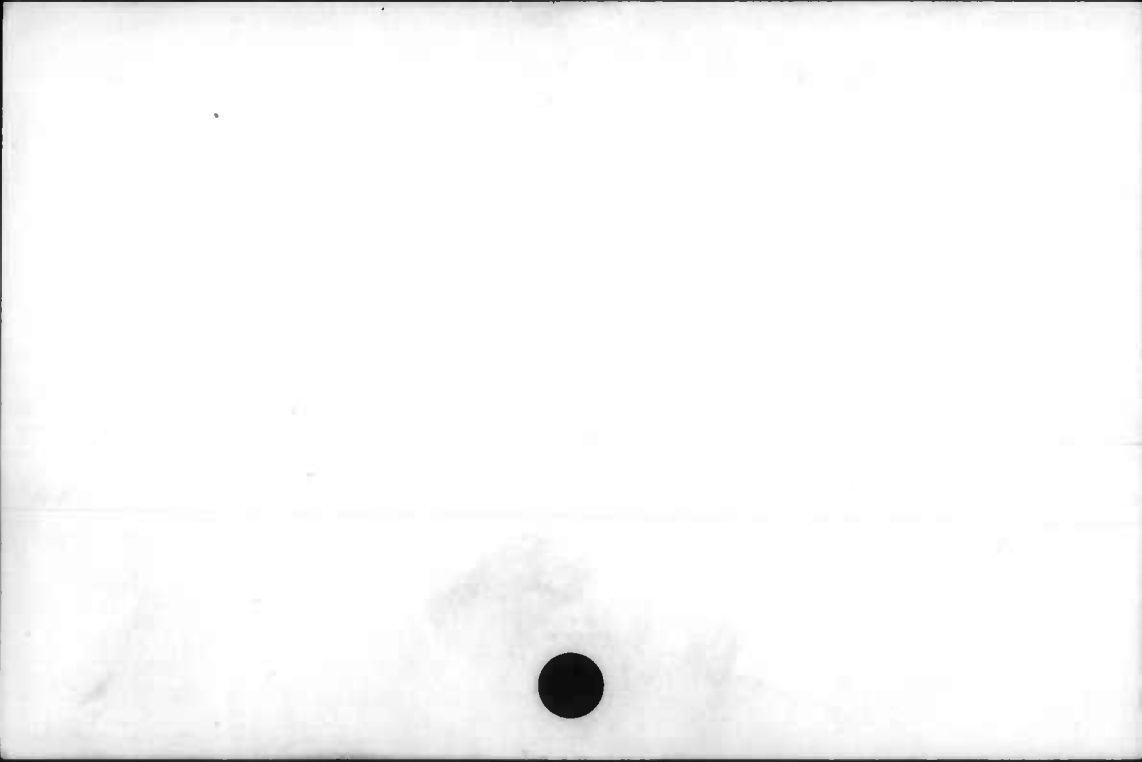
as I know

Salisbury Md

Accident or Suicide

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

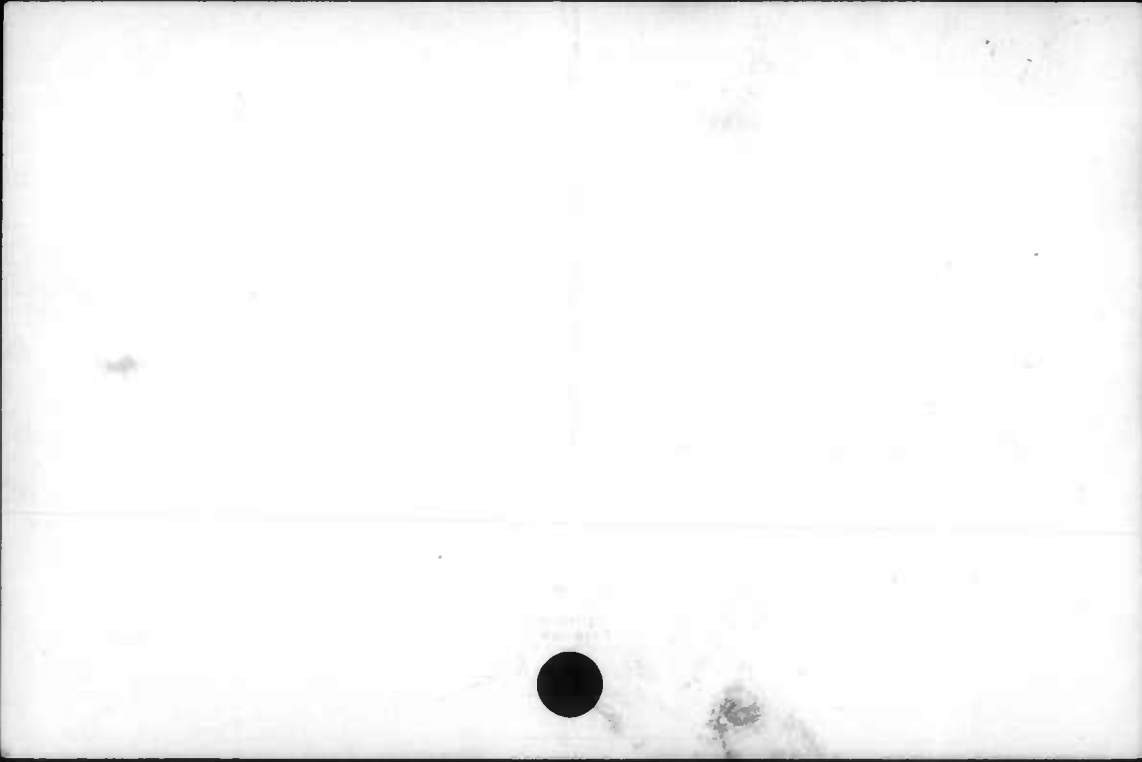
TO BE ANSWERED BY  
NEAREST FRIEND

Stella Gouty  
 Died at Near Parsonsburg Wicomico County MARYLAND  
 Date of death 1909 June 2 Month 2 Day 30 Age 10 Months 2 Days  
 Sex Female Color or Race White Birth-place MD  
 Occupation Housework Where Residing if not at place of death  
 Married, Single Single Name of Wife or Husband  
 Father's Name Thomas G. Gouty Father's Birthplace MD  
 Mother's Maiden Name Sarah A. Hammond Mother's Birthplace MD  
 Name of person giving Information Rebecca Hammond How related to deceased Sunt

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Consumption How long 2 years  
 Immediate Exhausted Vitality How long 3 or 4 days  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. Geo. H. Hunt  
Wicomico Address Parsonsburg  
MD Maryland  
 Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary J. Griffith*  
Town *Sharplown* County *Merionide*

MARYLAND

Died at *Sharplown* Month *June* Day *27* Age *24* Years Month *7* Days

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Sharplown*

Occupation *Housewife* Where Raiding if not at place of death *—*

Marriad, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John C. Walker*

Father's Birthplace *Unknown*

Mother's Maiden Name *Mary Wilson*

Mother's Birthplace *" "*

Name of person giving Information *M. J. Griffith*

How related to deceased *Sore*

CAUSES OF DEATH

Primary *Dysentery* How long *14* *1 week*

Immediate *Candida* *Jaundice*

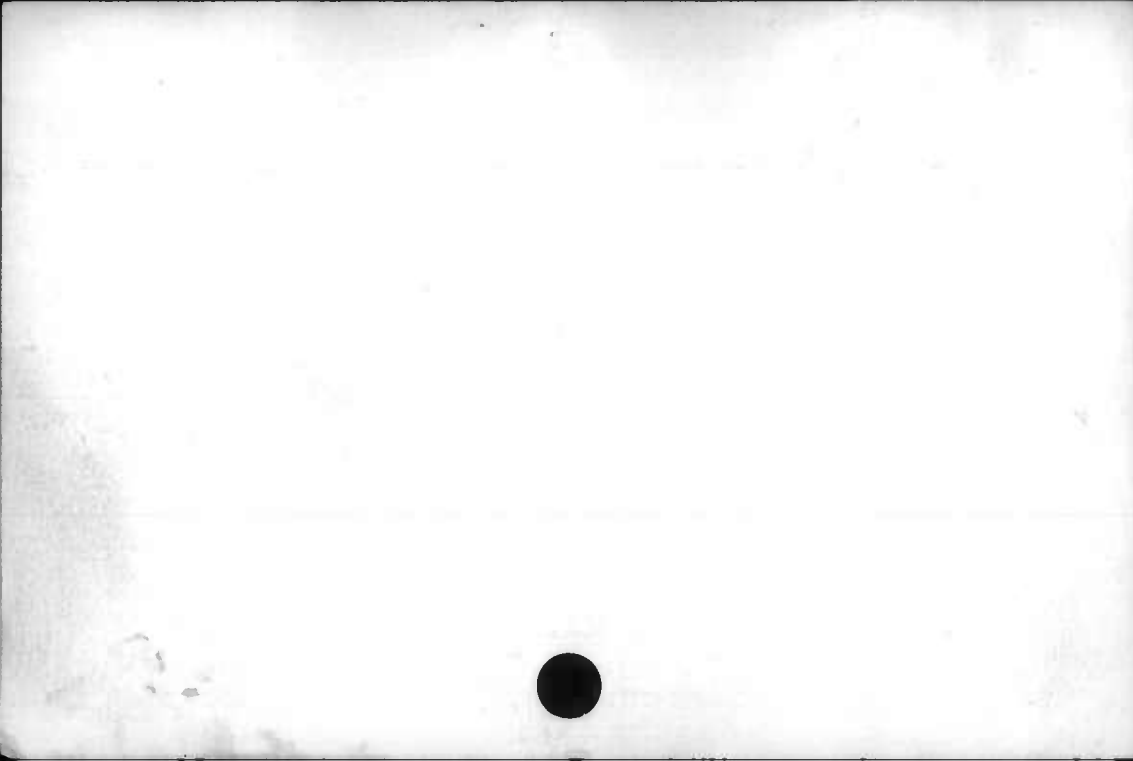
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicida





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Norman R Hastings

Died at <sup>Town</sup> new Parsonsburg <sup>County</sup> Wicomico

MARYLAND

Date of death 190 <sup>Month</sup> 9 <sup>Day</sup> June <sup>Age</sup> 26 <sup>Years</sup> 5 <sup>Months</sup> 1 <sup>Days</sup> 1

Sex <sup>male</sup> Color or Race <sup>white</sup> Birth-place <sup>Md</sup>

Occupation <sup>—</sup> Where Residing if not at place of death <sup>—</sup>

Married, Single <sup>—</sup> or Widowed

Name of Wife or Husband <sup>—</sup>

Father's Name <sup>Enoch R Hastings</sup>

Father's Birthplace <sup>Md</sup>

Mother's Maiden Name <sup>Lela Parker</sup>

Mother's Birthplace <sup>Md</sup>

Name of person giving Information <sup>Enoch R Hastings</sup>

How related to deceased <sup>Father</sup>

CAUSES OF DEATH

Primary <sup>Consumption</sup> <sup>(27)</sup> How long <sup>6 months</sup>

Immediate <sup>Dysentery acute</sup> How long <sup>2 or 3 days</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician

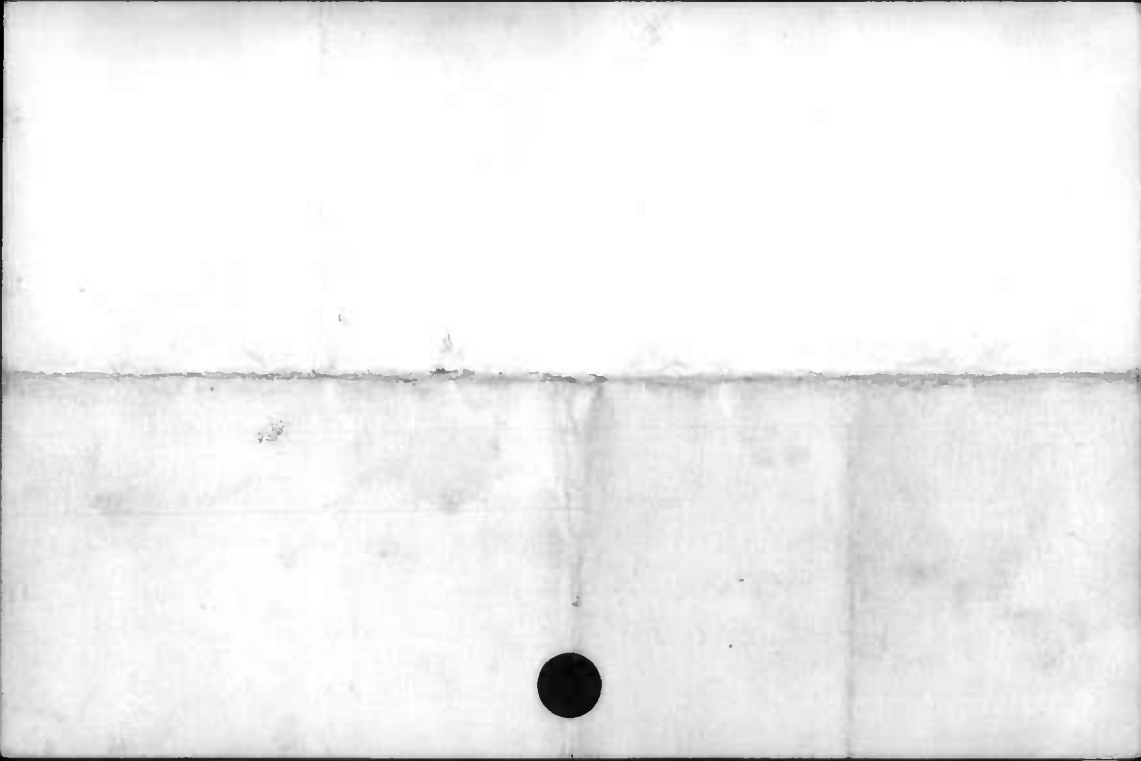
Address

<sup>Dr Geo St Jillett</sup>  
<sup>Parsonsburg</sup>  
<sup>Maryland</sup>

Accident or Suicide

<sup>Wicomico Co,</sup>

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lottie Alice Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                          |                         |   |             |    |
|-----------------------------------|--------------------------|-------------------------|---|-------------|----|
| Died at <i>Jesterville</i> Town   |                          | <i>Wicomico</i> County  |   | MARYLAND    |    |
| Date of death                     | 1909                     | Month                   | June  | Day         | 22 |
| Age                               | 16                       | Years                   | 5   | Months      | 10 |
| Sex                               | Female                   | Color or Race           | White   | Birth-place |    |
| Occupation                        | Housewife                |                         | Where Residing if not at place of death <i>Jesterville, Md.</i> |             |    |
| Married, Single or Widowed        | Married                  | Name of Wife or Husband | <i>Columbus M. Heath</i>  |             |    |
| Father's Name                     | <i>Charles C.</i>        | Father's Birthplace     | <i>Maryland</i>   |             |    |
| Mother's Maiden Name              | <i>Gertie Taylor</i>     | Mother's Birthplace     | <i>Maryland</i>   |             |    |
| Name of person giving Information | <i>Columbus M. Heath</i> |                         | How related to deceased <i>Husband</i>                          |             |    |

CAUSES OF DEATH

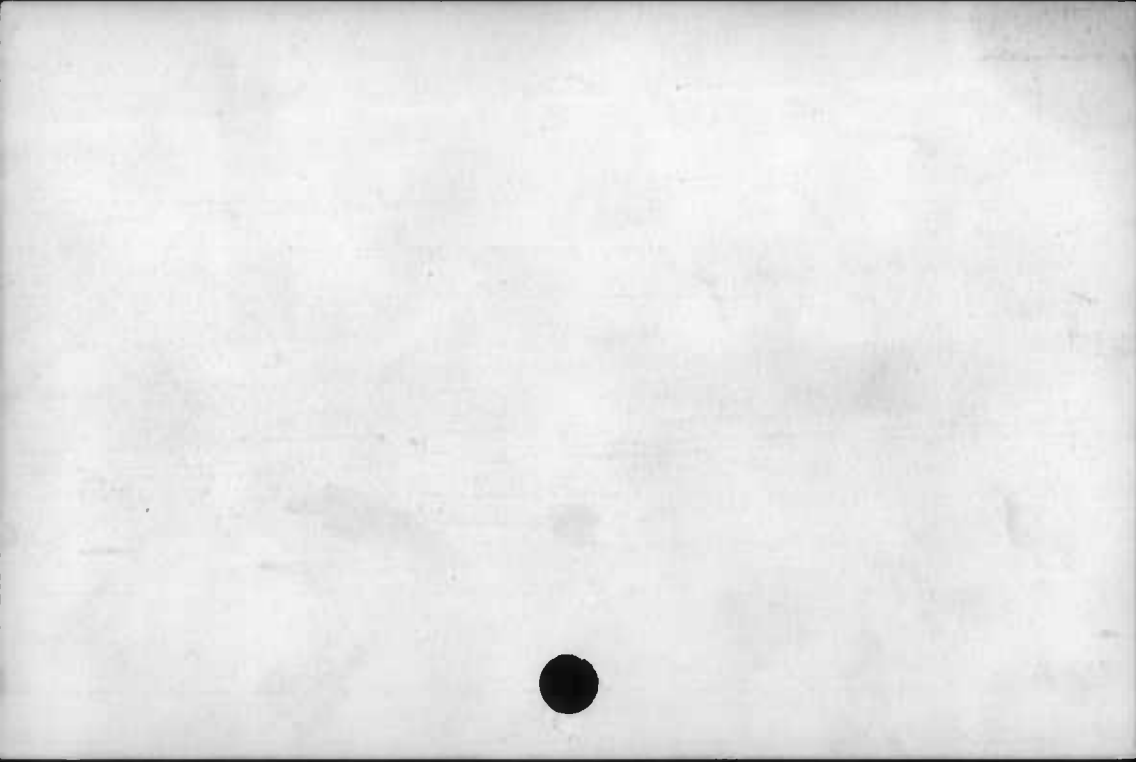
(138)

PHYSICIAN  
OR CORONER

|  |                            |   |                 |
|--|----------------------------|---|-----------------|
| Primary  | <i>Puerperal Eclampsia</i> | How long  | <i>2 days</i>   |
| Immediate  | <i>Uræmia</i>              | How long  | <i>10 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes!</i> |                            | Signature of Physician <i>Edward E. Lamkin,</i> |                 |
|  |                            | Address <i>DR. EDWARD E. LAMKIN,</i>            |                 |
| Accident or Suicide  |                            | <i>NANTICOKE, MD.</i>                           |                 |



| Name in Full                        |  | Hudson                 |         | CERTIFICATE OF DEATH                    |               |
|-------------------------------------|--|------------------------|---------|---|---------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Salisbury              |         | County                                  |               |
|                                     | Date of death  | 1909                   | Month 6 | Day 21                                  | Age           |
|                                     | Sex  | Female                 |         | Color or Race                           | White         |
|                                     | Occupation   | Infant                 |         | Where Residing if not at place of death | Yes Salisbury |
|                                     | Married, Single or Widowed   |                        |         | Name of Wife or Husband                 |               |
|                                     | Father's Name  | Wm. Hudson             |         | Father's Birthplace                     | Salisbury Md  |
|                                     | Mother's Maiden Name   | Annie Hudson           |         | Mother's Birthplace                     | " "           |
|                                     | Name of person giving information                                    | William T. Hudson      |         | How related to deceased                 | Father        |
| CAUSES OF DEATH                     |  |                        |         |   |               |
| PHYSICIAN OR CORONER                | Primary  | Mal. nutrition         |         | How long                                | 3 months      |
|                                     | Immediate  | Bowel Gastro-enteritis |         | How long                                | 2 weeks       |
|                                     | Are the name, age, sex, color, date and place correctly given above? | Yes                    |         | Signature of Physician                  | G. J. Spring  |
|                                     |  |                        |         | Address                                 | Salisbury Md  |
|                                     | Accident or Suicide?   | No                     |         |   |               |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

June

28th

Age

0

0

26

Sex

Male

Color or  
Race

White

Birth-  
place

Salisbury Md.

Occupation

None

Where Residing if not  
at place of death

\_\_\_\_\_

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

George R. Humphreys

Father's  
Birthplace

Salisbury Md.

Mother's  
Maiden Name

Mernie Wells

Mother's  
Birthplace

Pittsville Md.

Name of person giving  
Information

Geo. R. Humphreys

How related  
to deceased

Father

## CAUSES OF DEATH

151

X

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

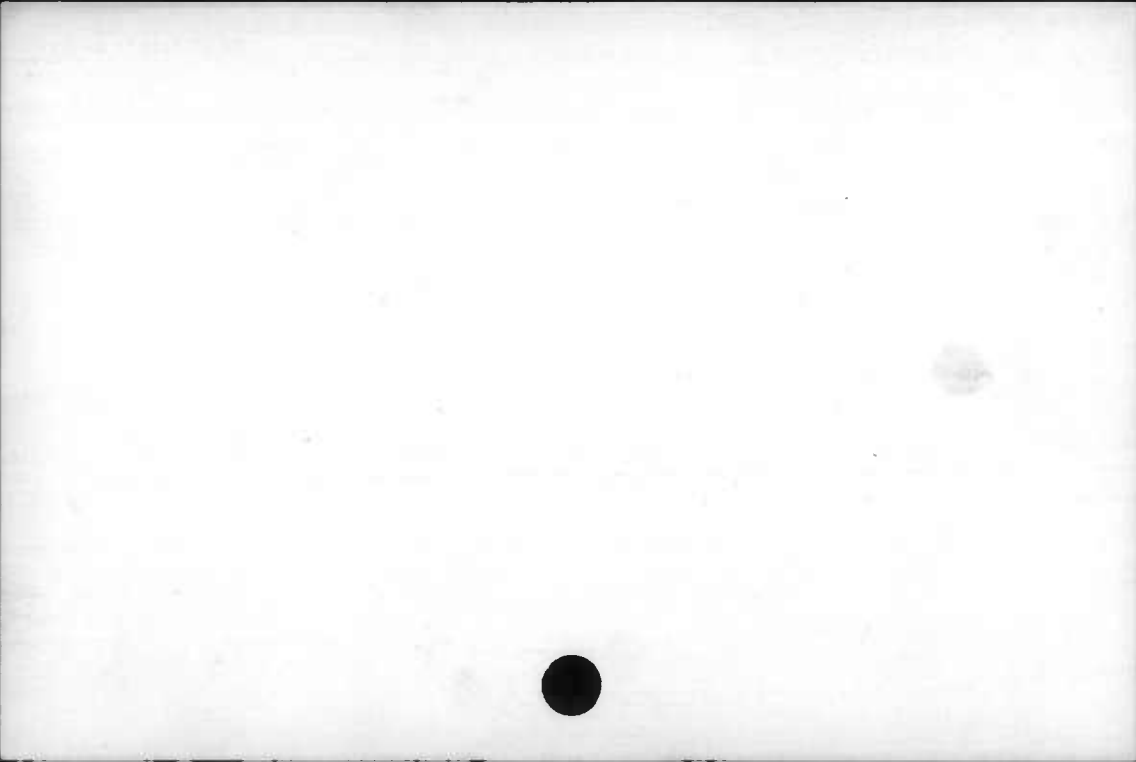
O. B. Wells

Salisbury Md.

Accident or Suicide

fall

PHYSICIAN  
OR CORONER





Name  
in  
Full

Thomas C Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Shed Point Wicomico County  
Date of death 190 1 June Month 13 Day Age 7 Months 7 Days  
Sex Female Color or Race white Birth-place MD  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Clinton T Jenkins Father's Birthplace MD  
Mother's Maiden Name Larry Williams Mother's Birthplace MD  
Name of person giving Information Charles W Kibbel How related to deceased Nousin

CAUSES OF DEATH

Primary Enteric Colitis 105 How long about 1 week?  
Immediate Anaemia of Brain How long few days  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. H. Todd  
Address Salisbury MD  
Accident or Suicide —

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Baxter A Jewell**

Town **Salisbury** County **Wicomico**

Died at **Salisbury** MARYLAND

Date of death 190 **P** June **11** Age **72** Months Days

Sex **male** Color or Race **white** Birth-place **Ray**

Occupation **Farmer** Where Residing if not at place of death **Bainbridge Ray**

Married, Single or Widowed **—** Name of Wife or Husband **Julia Jewell**

Father's Name **Abner Jewell** Father's Birthplace **Do not know**

Mother's Maiden Name **Do not know** Mother's Birthplace **Do not know**

Name of person giving Information **Lubin Little** How related to deceased **"Daughter"**

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary **Don't know** How long **Don't know**

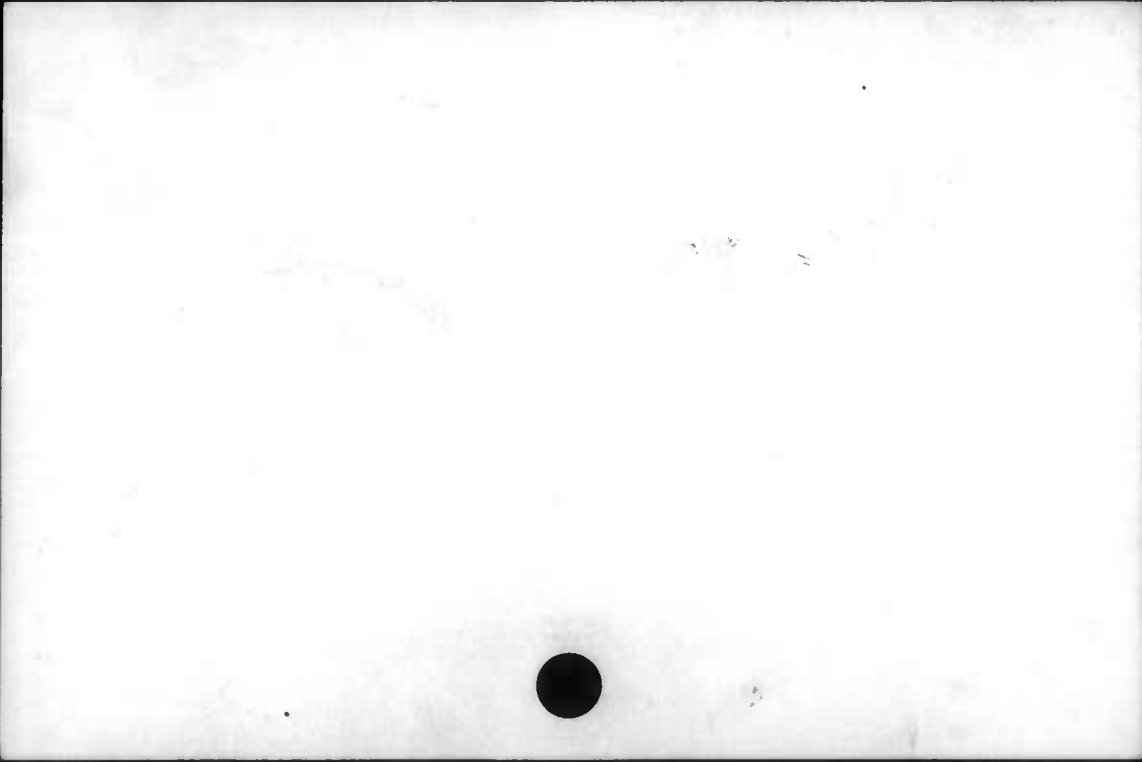
Immediate **Heart Disease** How long **And Sudden**

Are the name, age, sex, color, date and place correctly given above? **think so**

Signature of Physician **Dr. W. Todd**

Address **Salisbury Md**

Accident or Suicide



Name  
in  
Full

Infant

Kibble

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |   |                  |        |        |                  |  |
|-----------------------------------|--|---|------------------|--------|--------|------------------|--|
| Died at                           |  | Town                                    |                  | County |        | MARYLAND         |  |
| Date of death                     |  | Month                                   | Day              | Years  | Months | Days             |  |
| 1909                              |  | June                                    | 21 <sup>st</sup> |        |        |                  |  |
| Sex                               |  | Color or Race                           |                  | Age    |        | Birth-place      |  |
| Male                              |  | White                                   |                  |        |        | Sharps Point Md. |  |
| Occupation                        |  | Where Residing if not at place of death |                  |        |        |                  |  |
| None                              |  |   |                  |        |        |                  |  |
| Married, Single or Widowed        |  | Name of Wife or Husband                 |                  |        |        |                  |  |
| Single                            |  | None                                    |                  |        |        |                  |  |
| Father's Name                     |  | Father's Birthplace                     |                  |        |        |                  |  |
| Charles W. Kibble                 |  | Shad P. Md.                             |                  |        |        |                  |  |
| Mother's Maiden Name              |  | Mother's Birthplace                     |                  |        |        |                  |  |
| Carrie Pollitt                    |  | Somerset Co. Md.                        |                  |        |        |                  |  |
| Name of person giving Information |  | How related to deceased                 |                  |        |        |                  |  |
| C. J. Jenkins                     |  | Cousin                                  |                  |        |        |                  |  |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|  |                                    |                        |        |
|--|------------------------------------|------------------------|--------|
| Primary  | Gastro-intestinal infection        | How long               | 1 week |
| Immediate  | General emaciation & heart failure | How long               | 3 days |
| Are the name, age, sex, color, data and place correctly given above? |                                    | Signature of Physician |        |
| yes  |                                    | Louis W. Dennis M.D.   |        |
|  |                                    | Address                |        |
|  |                                    | Bellevue Md.           |        |
| Accident or Suicide  |                                    |                        |        |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Peter Kraft*

Died at *Salisbury P. G. Hospital* Town *Salisbury* County *Wicomico* MARYLAND

Date of death *1909* Month *June* Day *6<sup>th</sup>* Age *27* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death *Dorchester Co. Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Peter Kraft* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Peck* Mother's Birthplace *Germany*

Name of person giving Information *Frederick Kraft* How related to deceased *Brother*

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary *Acute gangrenous appendicitis* How long *2 weeks*

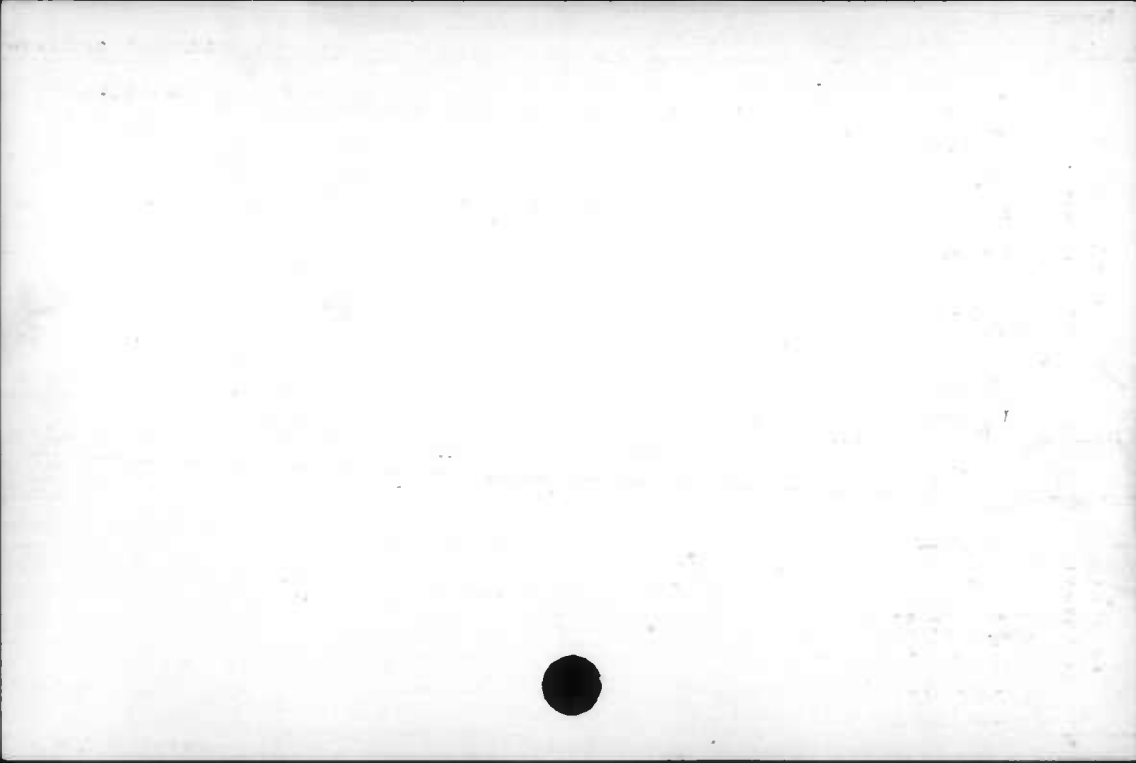
Immediate *Peritonitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *McAdams*

Address *Salisbury Md*

Accident or Suicide *No*





Name  
in  
Full

CERTIFICATE OF DEATH

*Bland McFey*

Died at *near Salisbury* *Wicomico*  
Town County

MARYLAND

Date of death 190 *9* *June*  
Month Day

Age

Months *6* Days *28*

Sex *Male*

Color or Race *White*

Birth-place *MD*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Charles H McFey*

Father's Birthplace *Del*

Mother's Maiden Name *Ada L Robb*

Mother's Birthplace *MD*

Name of person giving Information *Charles H McFey*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Bottle feeding*

How long

Immediate *Gastro Enteritis*

How long *12 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*C. H. Potter*  
*Salisbury Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edward P. Mast

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                         |       |   |                         |          |      |
|-----------------------------------|---------------------|-------------------------|-------|---|-------------------------|----------|------|
| Died at                           |                     | Salisbury               |       | Wicomico                                |                         | MARYLAND |      |
| Date of death                     |                     | Month                   | Day   | Age                                     | Years                   | Months   | Days |
| 1909                              |                     | June                    | 30th  | 26                                      | 1                       |          | 4    |
| Sex                               | Male                | Color or Race           | White | Birth-place                             | Williamsport Pa.        |          |      |
| Occupation                        | Dealer in Sea Foods |                         |       | Where Residing if not at place of death | Harrisfield Md.         |          |      |
| Married, Single or Widowed        | Single              | Name of Wife or Husband | None  |   |                         |          |      |
| Father's Name                     | August Mast         |                         |       |   | Father's Birthplace     | Germany  |      |
| Mother's Maiden Name              | Margaret Blehl      |                         |       |   | Mother's Birthplace     | "        |      |
| Name of person giving Information | Elizabeth Mast      |                         |       |   | How related to deceased | Sister   |      |

## CAUSES OF DEATH

|           |              |          |         |
|-----------|--------------|----------|---------|
| Primary   | Zyphoid from | How long | 2 weeks |
| Immediate | Hypertension | How long | 2 days  |

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

as I know

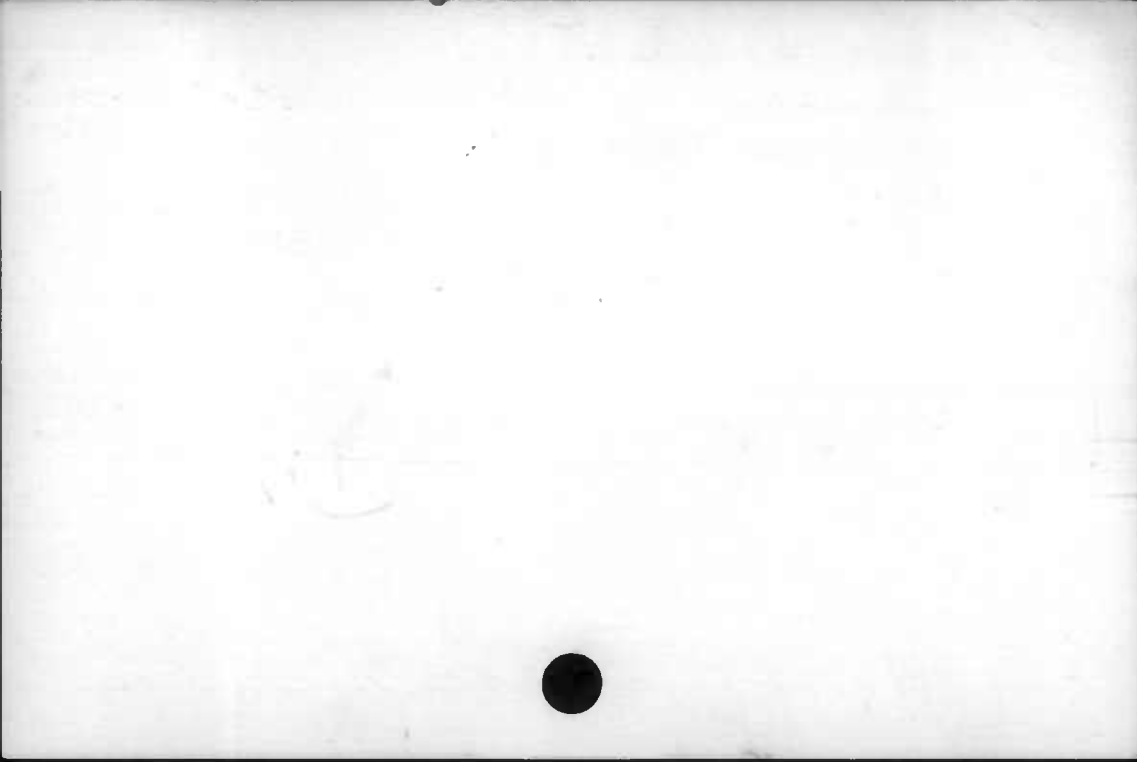


Medwin  
Salisbury, Md

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name John B Mess Town Salisbury County Wicomico MARYLAND  
Died at Salisbury Month June Day 11 Age 31 Years Months Days  
Date of death 190 9  
Sex Male Color or Race White Birth-place Ohio  
Occupation Farmer Where Residing if not at place of death Weston, Md  
Married, Single Single Name of Wife or Husband —

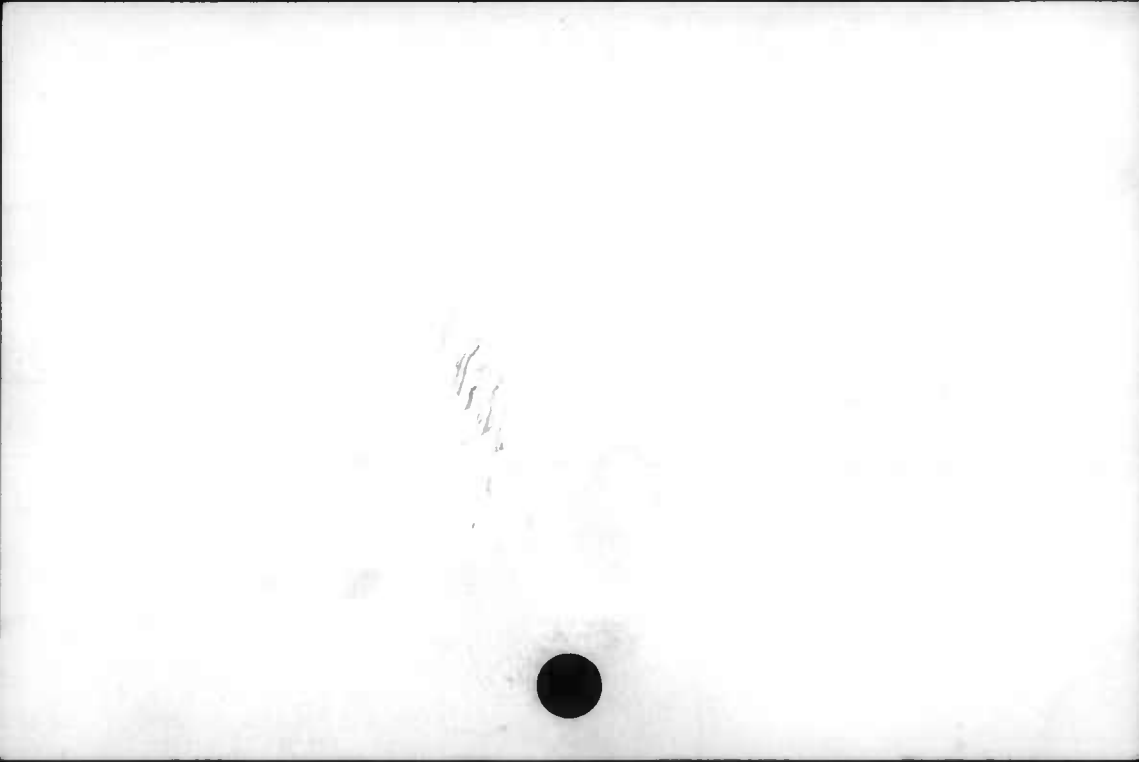
Father's Name John B Mess Father's Birthplace Ohio  
Mother's Maiden Name Sophia Dingling Mother's Birthplace Ohio  
Name of person giving Information David H Spangler How related to deceased Cousin

ate strawberries, cabbage, and fish. CAUSES OF DEATH

Primary Acute indigestion How long 3 days  
Immediate Plomacy poisoning How long few hours

Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician [Signature] Address Salisbury, Md  
as I know  
Accident or Suicide No

PHYSICIAN  
OR CORONER



Name  
in  
Full

~~Infant~~ Mitchell Not Named

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Wacomick

Date

Month

Day

Years

Months

Days

of death

1909

June 14

Age

none

none

none

Sex

male

Color or  
Race

white

Birth-  
place

MD

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William W Mitchell

Father's  
Birthplace

MD

Mother's  
Maiden Name

Anna Pryor

Mother's  
Birthplace

MD

Name of person giving  
Information

John W Wilson

How related  
to deceased

Uncle

CAUSES OF DEATH

Primary

don't know

How long

Immediate

Borne Dead

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Dr. H. Todd  
Salisbury  
MD

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Sallie Jane Nelson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

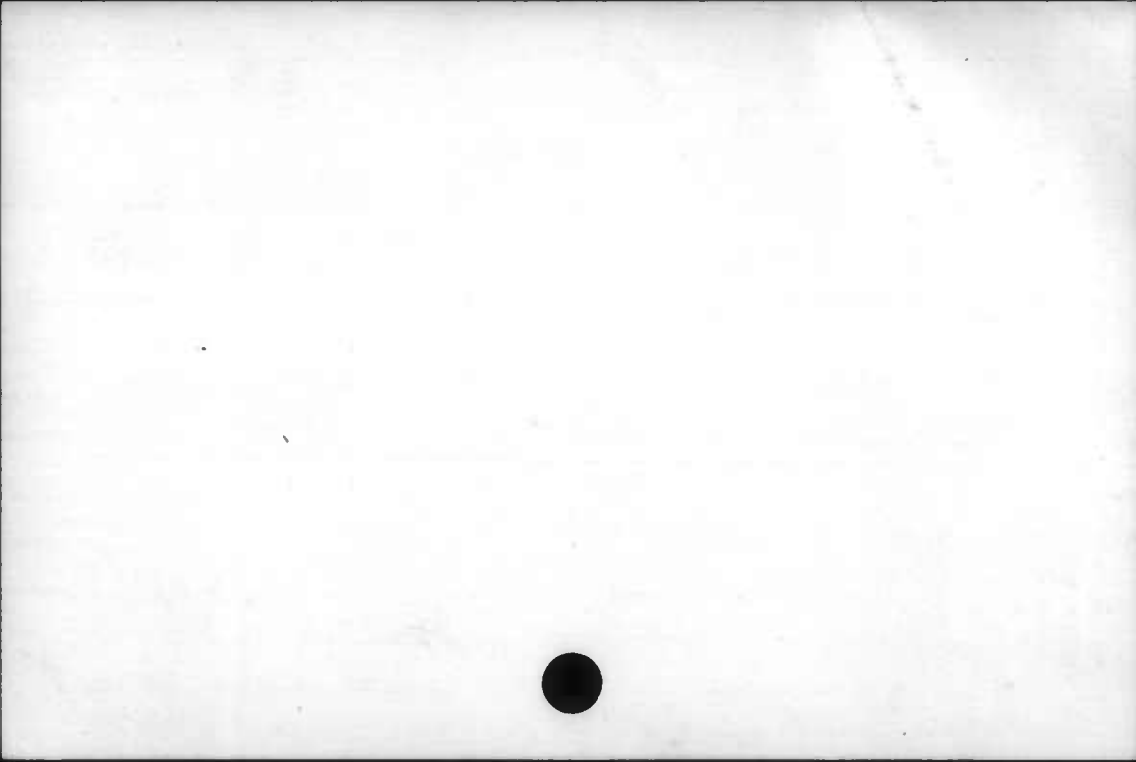
|                                       |                            |                                   |   |                         |                 |
|---------------------------------------|----------------------------|-----------------------------------|---|-------------------------|-----------------|
| Died at <i>Hebron</i> <sup>Town</sup> |                            | <i>Micomico</i> <sup>County</sup> |   | MARYLAND                |                 |
| Date of death                         | 1909                       | Month                             | June                                    | Day                     | 23              |
| Age                                   | 73                         | Years                             | 9                                       | Months                  | 15              |
| Sex                                   | <i>female</i>              | Color or Race                     | <i>white</i>                            | Birth-place             | <i>Delaware</i> |
| Occupation                            | <i>housework</i>           |                                   | Where Residing if not at place of death |                         |                 |
| Married, Single or Widowed            | <i>widow</i>               | Name of Wife or Husband           | <i>Horatio Nelson</i>                   |                         |                 |
| Father's Name                         | <i>Archelia Hastings</i>   |                                   |   | Father's Birthplace     | <i>Delaware</i> |
| Mother's Maiden Name                  | <i>Ediza Lynch</i>         |                                   |   | Mother's Birthplace     | <i>Delaware</i> |
| Name of person giving Information     | <i>Lillian R. Weinbrow</i> |                                   |   | How related to deceased | <i>daughter</i> |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|  |                         |                        |                      |
|--|-------------------------|------------------------|----------------------|
| Primary  |                         | How long               | <i>154</i>           |
| Immediate  | <i>General Debility</i> | How long               | <i>4 months</i>      |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>              | Signature of Physician | <i>H. B. Comaway</i> |
|  |                         | Address                | <i>Hebron Md</i>     |
| Accident or Suicide  | <i>No</i>               |                        |                      |



Name  
in  
Full

CERTIFICATE OF DEATH

Clifford J. Owens.

Town

County

MARYLAND

Died at

Sharplown

Wicomico

Date

of death 1907

Month

Day

Years

Months

Days

Age

20

20

2

20

Sex

Male

Color or  
Race

White

Birth-  
place

Sharplown

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Noah W. Owens

Father's  
Birthplace

Del.

Mother's  
Meiden Name

Froua Bailey

Mother's  
Birthplace

Sharplown

Name of person giving  
Information

Noah W. Owens

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Indigestion

How long

104

all of life

Immediate

Malassmus

How long

2 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

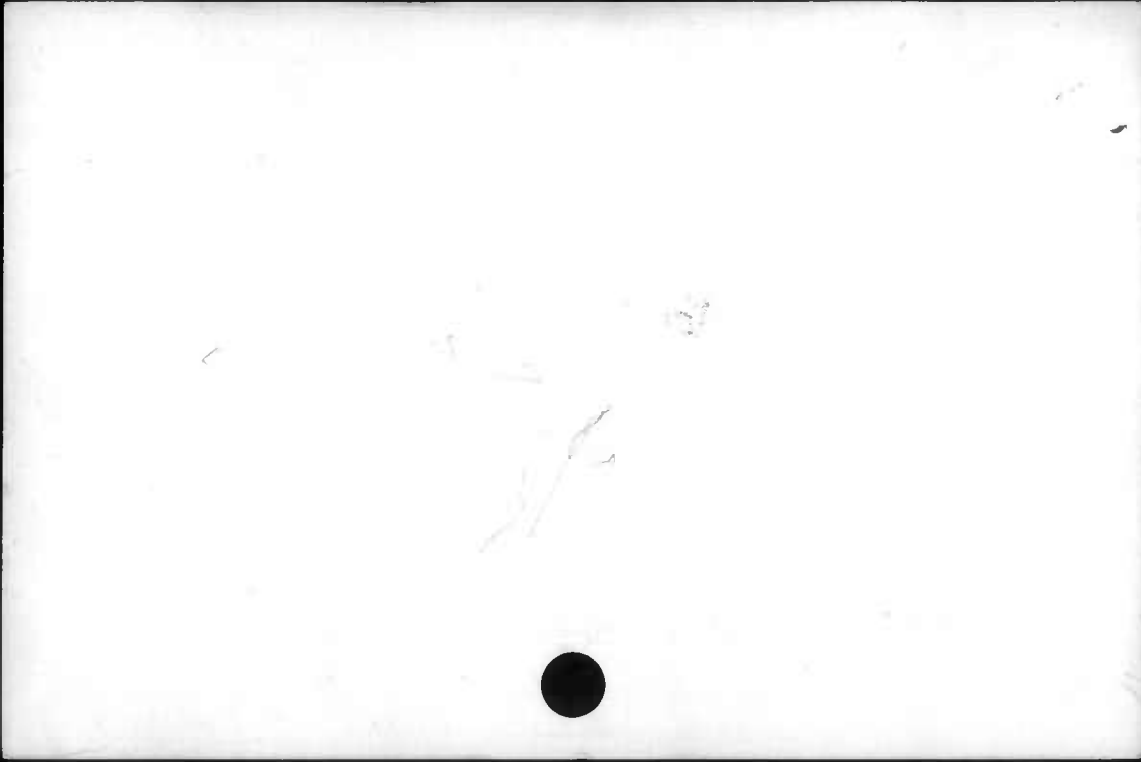
Address

Wm H. Gannaway  
Sharplown  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

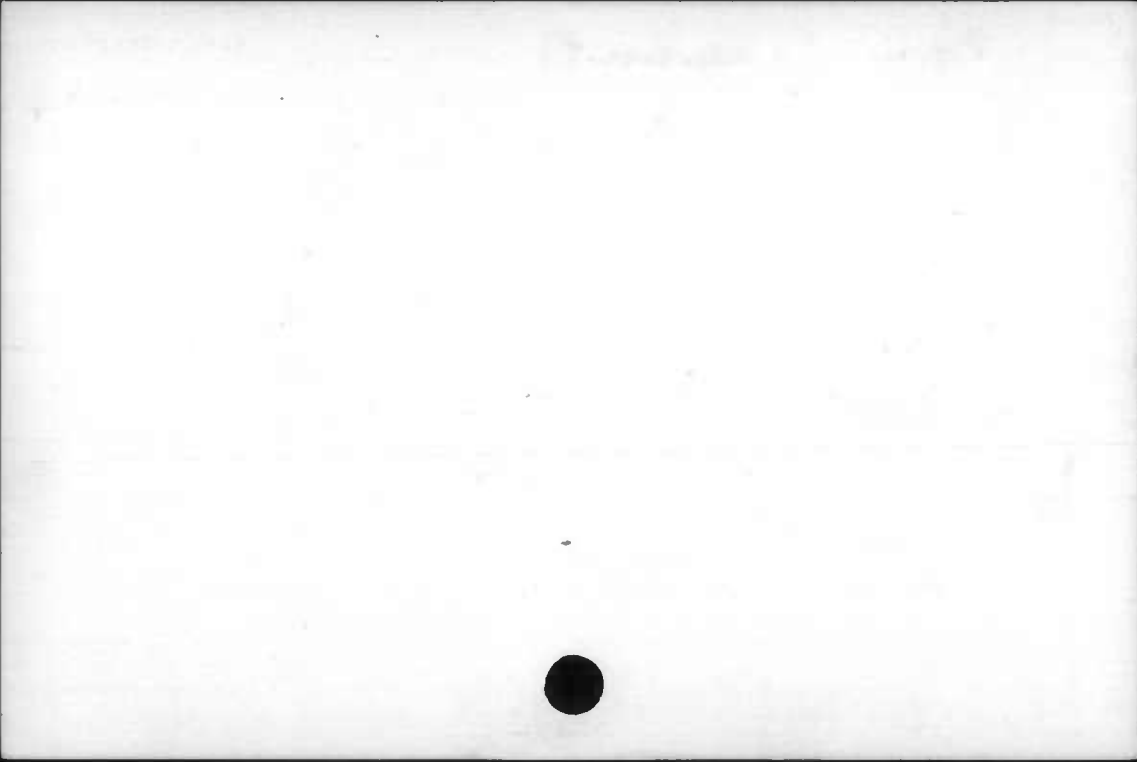
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |   |             |                         |                  |                     |          |
|-----------------------------------|----------------|---|-------------|-------------------------|------------------|---------------------|----------|
| Died at <i>Near Salisbury</i>     |                | Town <i>Salisbury</i>                   |             | County <i>Wicomico</i>  |                  | MARYLAND            |          |
| Date of death                     | 1909           | Month                                   | June        | Day                     | 12 <sup>th</sup> | Age                 | 82       |
| Sex                               | Male           | Color or Race                           | White       | Birth-place             | Wicomico Co. Md. | Months              | 10       |
| Occupation                        | Farmer         | Where Residing if not at place of death | Wicomico Co | Years                   | 82               | Days                | 8        |
| Married, Single or Widowed        | Widower        | Name of Wife or Husband                 | Ann Parker  | Father's Name           | Ayers Parker     | Father's Birthplace | Maryland |
| Mother's Maiden Name              | Hermie         | Mother's Birthplace                     | "           | How related to deceased | None             |                     |          |
| Name of person giving Information | Geo. W. Harlow |   |             |                         |                  |                     |          |

## CAUSES OF DEATH

|  |                          |                        |                        |
|--|--------------------------|------------------------|------------------------|
| Primary  | Chronic Disease of Heart | How long               | Several years          |
| Immediate  | Dyspnoea & heart failure | How long               | Some weeks             |
| Are the name, age, sex, color, date and place correctly given above? | Yes                      | Signature of Physician | Louis W. Linnard, M.D. |
|  |                          | Address                | Salisbury, Md          |
| Accident or Suicida  |                          |                        |                        |

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Robert Brown* **Town** *Salisbury* **County** *Wisconsin* **MARYLAND**

**Died at** *Salisbury* **Month** *June* **Day** *5* **Years** *28* **Months**  **Days**

**Date of death** *190 P June 5* **Age** *28*

**Sex** *male* **Color or Race** *White* **Birth-place** *Del*

**Occupation** *R Road man* **Where Residing if not at place of death** *Wilmington Del.*

**Married** *Single* **Name of Wife or Husband**

**Father's Name** *Do not know* **Father's Birthplace** *Do not know*

**Mother's Maiden Name** *" " "* **Mother's Birthplace** *Do not know*

**Name of person giving Information**  **How related to deceased** *Do not know*

CAUSES OF DEATH

164

PHYSICIAN  
OR CORNER

**Primary** *R.R. injury, depressed, comminuted fract. of skull* **How long** *4 hours*

**Immediate** *Shock & hemorrhage* **How long** *4 hours*

**Are the name, age, sex, color, date and place correctly given above?** *yes* **Signature of Physician** *Louise Morris M.D.*

**Address**

**Accident or Suicide**





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

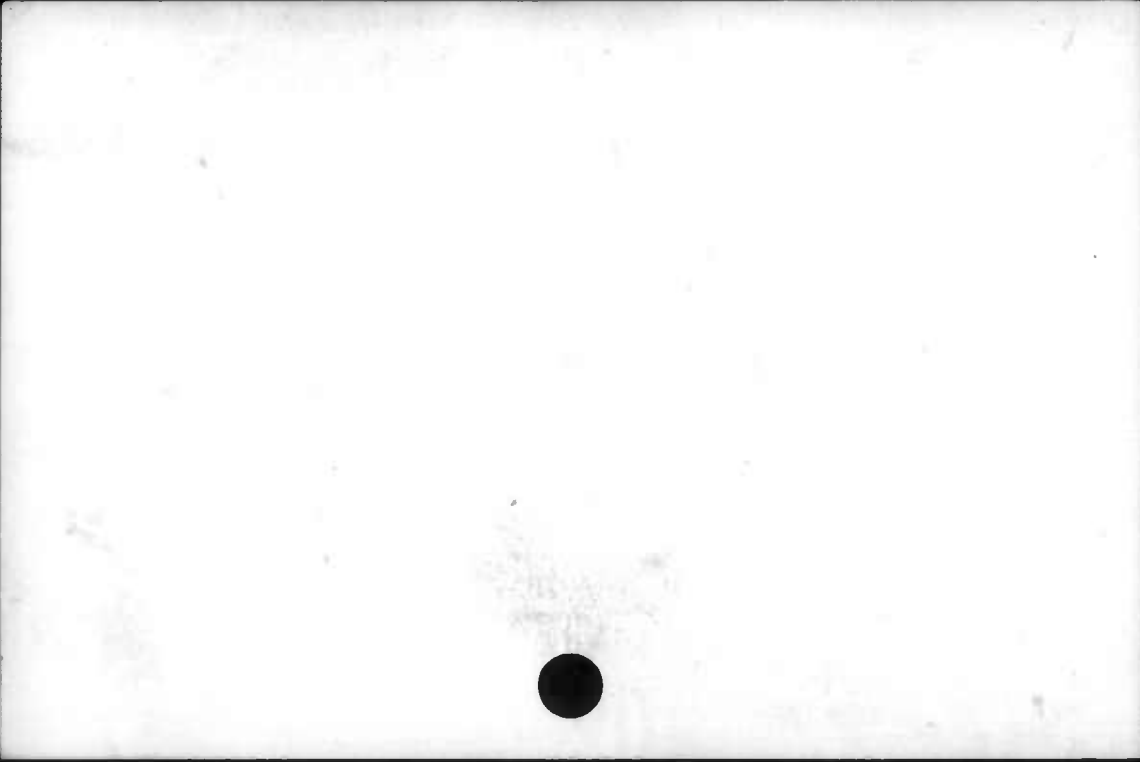
|   |  |  |  |                              |  |                    |  |
|---|--|--|--|------------------------------|--|--------------------|--|
| Name<br><i>James Punell</i>                                     |  | Town<br><i>Salisbury</i>                     |  | County<br><i>Wicomico</i>    |  | MARYLAND           |  |
| Died at<br><i>Salisbury</i>                                     |  | Month<br><i>June</i>                         |  | Day<br><i>24</i>             |  | Years<br><i>85</i> |  |
| Date<br>of death<br><i>1907</i>                                 |  | Month<br><i>June</i>                         |  | Day<br><i>24</i>             |  | Age<br><i>85</i>   |  |
| Sex<br><i>male</i>  |  | Color or<br>Race<br><i>Black</i>             |  | Birth-<br>place<br><i>Md</i> |  | Months<br><i>2</i> |  |
| Occupation<br><i>none</i>                                       |  | Where Residing if not<br>at place of death   |  | Days<br><i>15</i>            |  |                    |  |
| Married, Single<br>or <del>Widowed</del>                        |  | Name of Wife or<br><del>Husband</del>        |  | <i>Median A. Punell</i>      |  |                    |  |
| Father's<br>Name<br><i>Do not know</i>                          |  | Father's<br>Birthplace<br><i>Do not know</i> |  |                              |  |                    |  |
| Mother's<br>Maiden Name<br><i>Do not know</i>                   |  | Mother's<br>Birthplace<br><i>Do not know</i> |  |                              |  |                    |  |
| Name of person giving<br>Information<br><i>Median A. Punell</i> |  | How related<br>to deceased<br><i>wife</i>    |  |                              |  |                    |  |

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary<br><i>Senility</i>  | How long<br><i>1 week</i>                            |
| Immediate<br><i>acute typhoid</i>   | How long<br><i>1 week</i>                            |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>yes</i> | Signature of<br>Physician<br><i>Louis W. W. M.D.</i> |
|   | Address<br><i>Salisbury Md.</i>                      |
| Accident or Suicide   |  |



Name  
in  
Full

Oliver H. Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

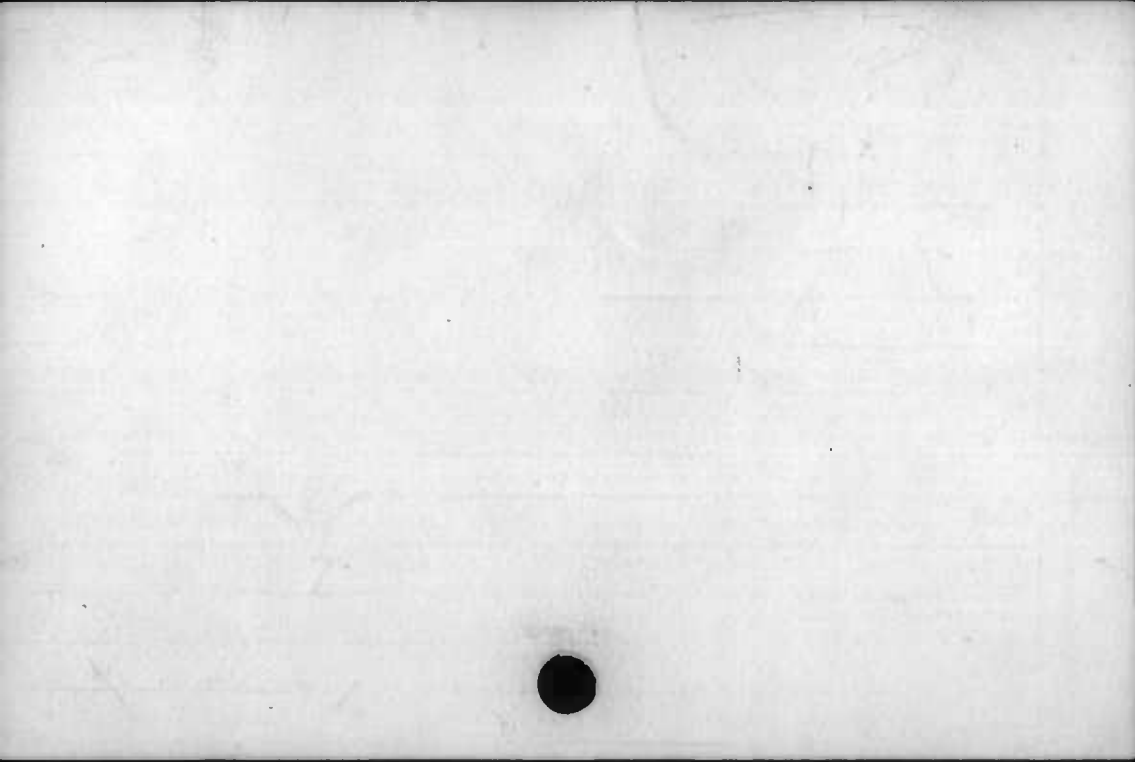
|  |                  |   |                |                         |              |
|--|------------------|---|----------------|-------------------------|--------------|
| Died at <u>Salisbury</u> <small>Town</small> |                  | <u>Worcester</u> <small>County</small>  |                | MARYLAND                |              |
| Date of death                                | 1909             | Month                                   | June           | Day                     | 4            |
| Age  | 48               | Years                                   | 48             | Months                  | no           |
| Sex  | male             | Color or Race                           | Colored        | Birth-place             | Worcester Co |
| Occupation                                   | Driving          | Where Residing if not at place of death | 329 Church St  |                         |              |
| Married, Single or Widowed                   | married          | Name of Wife or Husband                 | Oliver Purnell |                         |              |
| Father's Name                                | Jacob Purnell    |   |                | Father's Birthplace     | Worcester Co |
| Mother's Maiden Name                         | Mary Purnell     |   |                | Mother's Birthplace     | 11           |
| Name of person giving information            | Henretta Purnell |   |                | How related to deceased | Wife         |

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |  |                        |              |
|--|--|------------------------|--------------|
| Primary  | Chronic bronchitis (probably tubercular) | How long               | 2 months     |
| Immediate  | Aspiration                               | How long               | 3 or 4 days  |
| Are the name, age, sex, color, date and place correctly given above? | Yes                                      | Signature of Physician | [Signature]  |
| as obtainable  |  | Address                | Salisbury Md |
| Accident or Suicide?   | No                                       |                        |              |



Name  
in  
Full

Dorothy Rochester

## CERTIFICATE OF DEATH

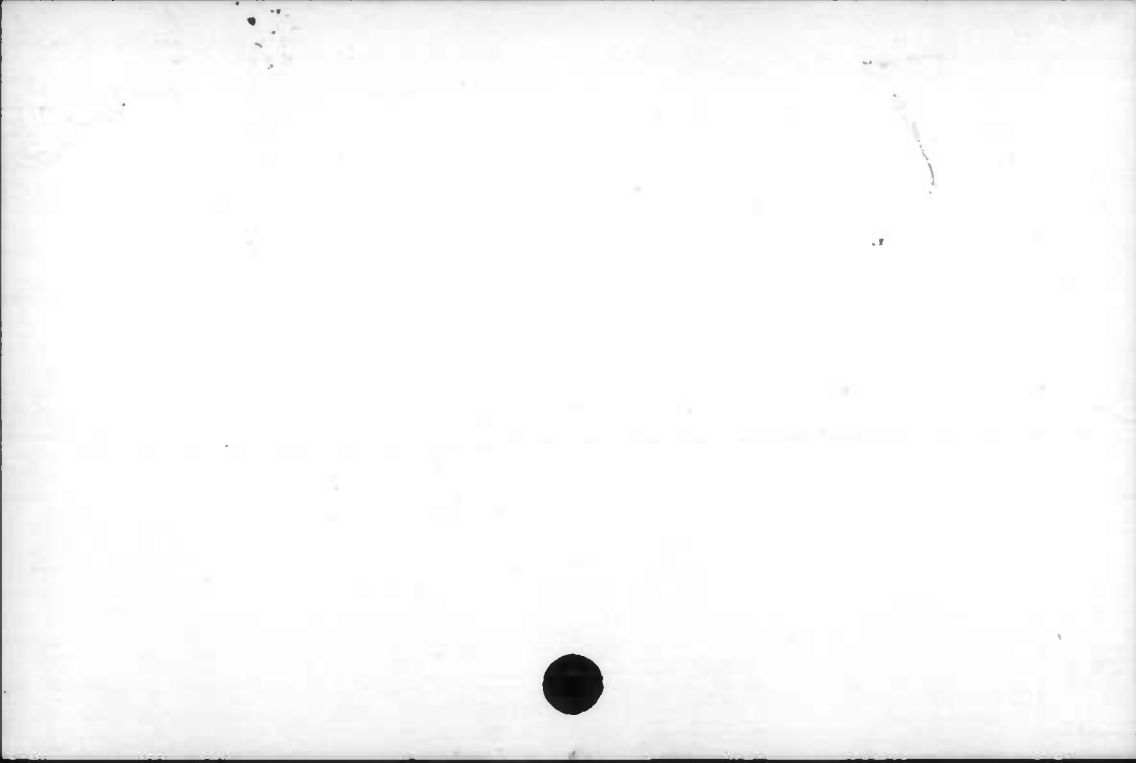
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                  |              |                 |                |
|--|--|----------------------------------|--------------|-----------------|----------------|
| Died at <i>Salisbury</i>                                     |  | County <i>Wicomico</i>           |              | MARYLAND        |                |
| Date of death <i>1909</i>                                    | Month <i>June</i>  | Day <i>6th</i>                   | Age <i>0</i> | Months <i>2</i> | Days <i>20</i> |
| Sex <i>Female</i>  | Color or Race <i>White</i>                                   | Birth-place <i>Baltimore Md.</i> |              |                 |                |
| Occupation <i>None</i>                                       | Where Residing if not at place of death <i>Baltimore Md.</i> |                                  |              |                 |                |
| Married, Single or Widowed <i>Single</i>                     | Name of Wife or Husband <i>None</i>                          |                                  |              |                 |                |
| Father's Name <i>Frederick A. Rochester</i>                  | Father's Birthplace <i>Baltimore Md.</i>                     |                                  |              |                 |                |
| Mother's Maiden Name <i>Clara O. Dashiell</i>                | Mother's Birthplace <i>Somerset Co. Md.</i>                  |                                  |              |                 |                |
| Name of person giving Information <i>William J. Dashiell</i> | How related to deceased <i>Grandfather</i>                   |                                  |              |                 |                |

## CAUSES OF DEATH

|   |  |
|---|--|
| Primary <i>Enterocolitis</i>  | <i>105</i><br>How long <i>2 weeks</i>      |
| Immediate <i>Same</i>   | How long <i>"</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Harry Chiles</i> |
|   | Address <i>Salisbury Md</i>                |
| Accident or Suicide <i>✓</i>  |  |

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sallie Eliza Birman

## CERTIFICATE OF DEATH

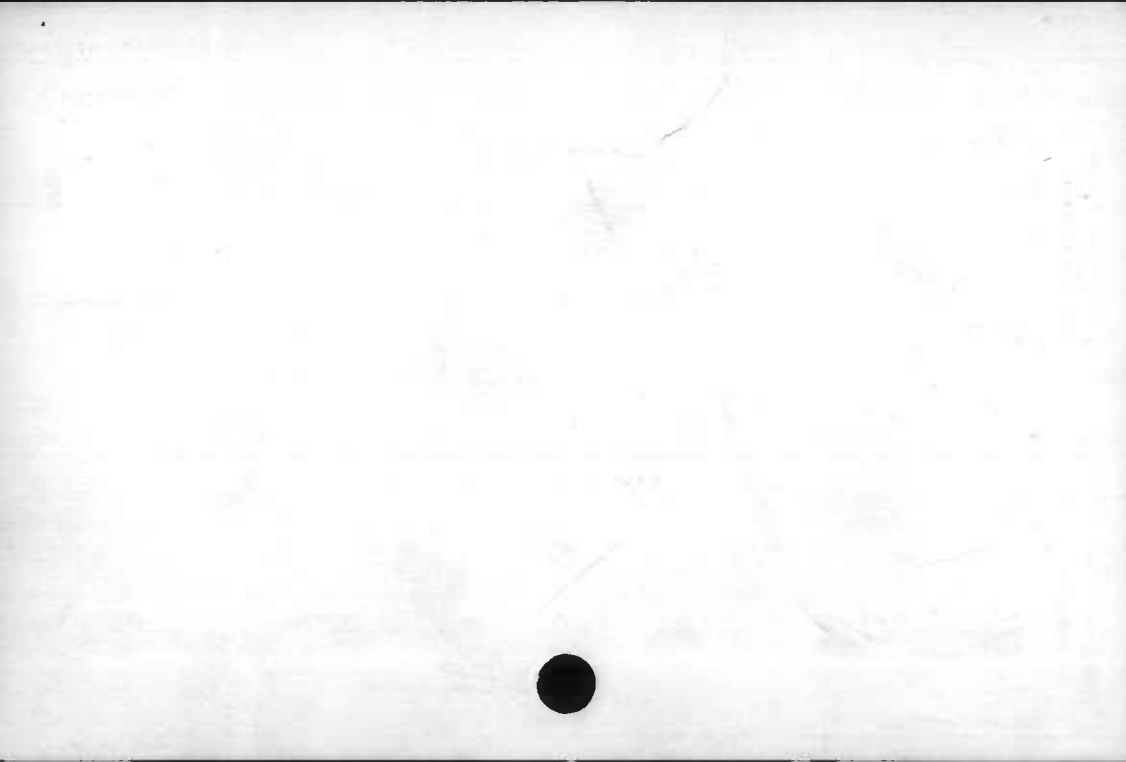
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |                               |                             |                 |                 |            |
|---|--|--|-------------------------------|-----------------------------|-----------------|-----------------|------------|
| Died at   |  | Town<br>Delmar,                            |                               | County<br>Neomico           |                 | MARYLAND        |            |
| Date of death                                       |  | 1909                                       | Month<br>July 9 <sup>th</sup> | Day<br>9 <sup>th</sup>      | Year<br>Age 64. | Months<br>7     | Days<br>26 |
| Sex<br>female                                       |  | Color or Race<br>white                     |                               | Birth-place<br>Salisbury Md |                 |                 |            |
| Occupation<br>Housekeeper                           |  | Where Residing if not<br>et place of death |                               |                             |                 |                 |            |
| Married, <del>Single</del><br><del>or Widowed</del> |  | married                                    |                               | Name of Wife or<br>Husband  |                 | Henry B. Birman |            |
| Father's Name                                       |  | Quinton Greely                             |                               | Father's Birthplace         |                 | Does not know   |            |
| Mother's Melden Name                                |  | Frances King                               |                               | Mother's Birthplace         |                 | Does not know   |            |
| Name of person giving<br>Information                |  | Henry B. Birman                            |                               | How related<br>to deceased  |                 | Husband.        |            |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                     |                        |          |
|---|---------------------|------------------------|----------|
| Primary   | Congestion of Brain | How long               | One week |
| Immediate   | Cerebral Apoplexy   | How long               | 2 day    |
| Are the name, age, sex, color, date<br>and place correctly given above? |                     | yes                    |          |
| Signature of<br>Physician   |                     | Robert Ellengroff M.D. |          |
| Address   |                     |                        |          |
| Accident or Suicide   |                     |                        |          |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name in Full** *John Stewart Sudder*

**Town** *Salisbury* **County** *McCombs* **MARYLAND**

**Died at** *Salisbury* **Month** *June* **Day** *26* **Years** *82* **Months**  **Days**

**Date of death** *1909 June 26* **Age** *82*

**Sex** *Male* **Color or Race** *White* **Birth-place** *Louisa Co., Md*

**Occupation** *Farmer* **Where Residing if not at place of death** *Louisa Co., Md*

**Married, Single or Widowed** *Married* **Name of Wife or Husband** *Susan S. Sudder*

**Father's Name** *Isbman Sudder* **Father's Birthplace** *Louisa Co., Md*

**Mother's Maiden Name** *Betsy Stewart* **Mother's Birthplace** *Prineas, Md*

**Name of person giving Information** *Wm. J. Sudder* **How related to deceased** *Nephew*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Endocarditis*

How long

*79* *Brick/Kum*

Immediate

*Syncope*

How long

*Far moments*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

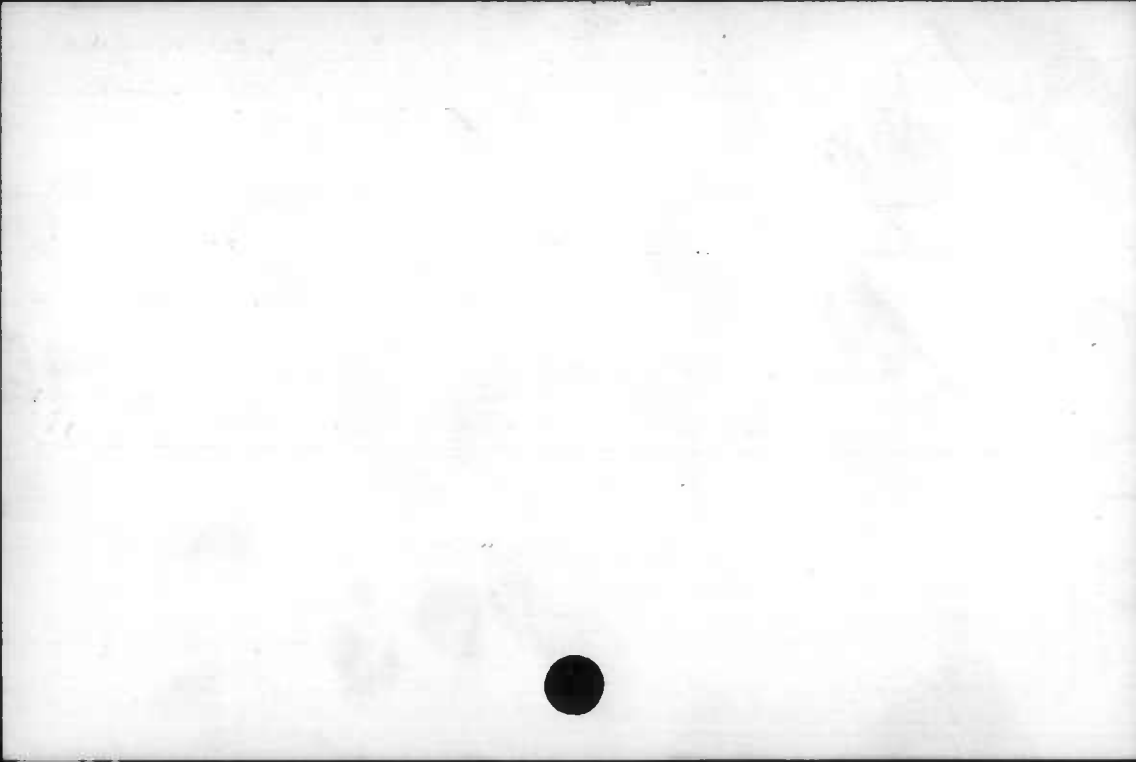
Signature of Physician

Address

*Wm. J. Sudder*  
*Salisbury Md*

Accident or Suicide

*m*



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

9

Mary E. Vickers

Died at Salisbury Town Wicomico County

## MARYLAND

|               |     |   |      |   |     |   |    |
|---------------|-----|---|------|---|-----|---|----|
| Date of death | 190 | 9 | June | 8 | Age | 4 | 24 |
|---------------|-----|---|------|---|-----|---|----|

|     |        |               |       |             |    |
|-----|--------|---------------|-------|-------------|----|
| Sex | Female | Color or Race | White | Birth-place | Me |
|-----|--------|---------------|-------|-------------|----|

Where Reading if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Charles Wickers

Father's Birthplace

Med

Mother's  
Maiden Name

Cora M. Coffin

Mother's  
Birthplace

Ma

Name of person giving information

Charles A. Drake

How related  
to deceased

Gather

### CAUSES OF DEATH

## Primary

## Bottle Feeding

How long

Immediate

*Justo Intertis*

How long

4 days

Are the name, age, sex, color, data and place correctly given above ?

56

Signature of Physician

Address

B. B. Otter  
Salisbury, Md.

### Accident or Suicide



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                         |   |                         |              |
|-----------------------------------|---------------------|-------------------------|---|-------------------------|--------------|
| Died at <i>Salisbury</i> Town     |                     | <i>Wilcometo</i> County |   | MARYLAND                |              |
| Date of death                     | 190                 | Month                   | June  | Day                     | 23           |
| Age                               | 64                  | Years                   |   | Months                  | June         |
| Sex                               | Woman               | Color or Race           | yes   | Birth-place             | Wilcometo Co |
| Occupation                        | General house woman |                         | Where Residing if not at place of death 332 Abater St |                         |              |
| Married, Single or Widowed        | Widow               | Name of Wife or Husband | unknown   |                         |              |
| Father's Name                     | James Shockley      |                         |   | Father's Birthplace     | Worcester Co |
| Mother's Maiden Name              | Ester Shockley      |                         |   | Mother's Birthplace     |              |
| Name of person giving information | J. H. Shockley      |                         |   | How related to deceased | Son          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                        |                             |
|--|---|------------------------|-----------------------------|
| Primary  | <i>arterio-sclerosis, cerebral hemorrhage</i> | How long               | <i>64</i> <i>7</i>          |
| Immediate  | <i>leona</i>                                  | How long               | <i>4 weeks</i>              |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                                    | Signature of Physician | <i>Louis W. Reconi M.D.</i> |
|  |   | Address                | <i>Whiting St.</i>          |
| Accident or Suicide?   |   |                        |                             |



Name  
in  
Full

## CERTIFICATE OF DEATH

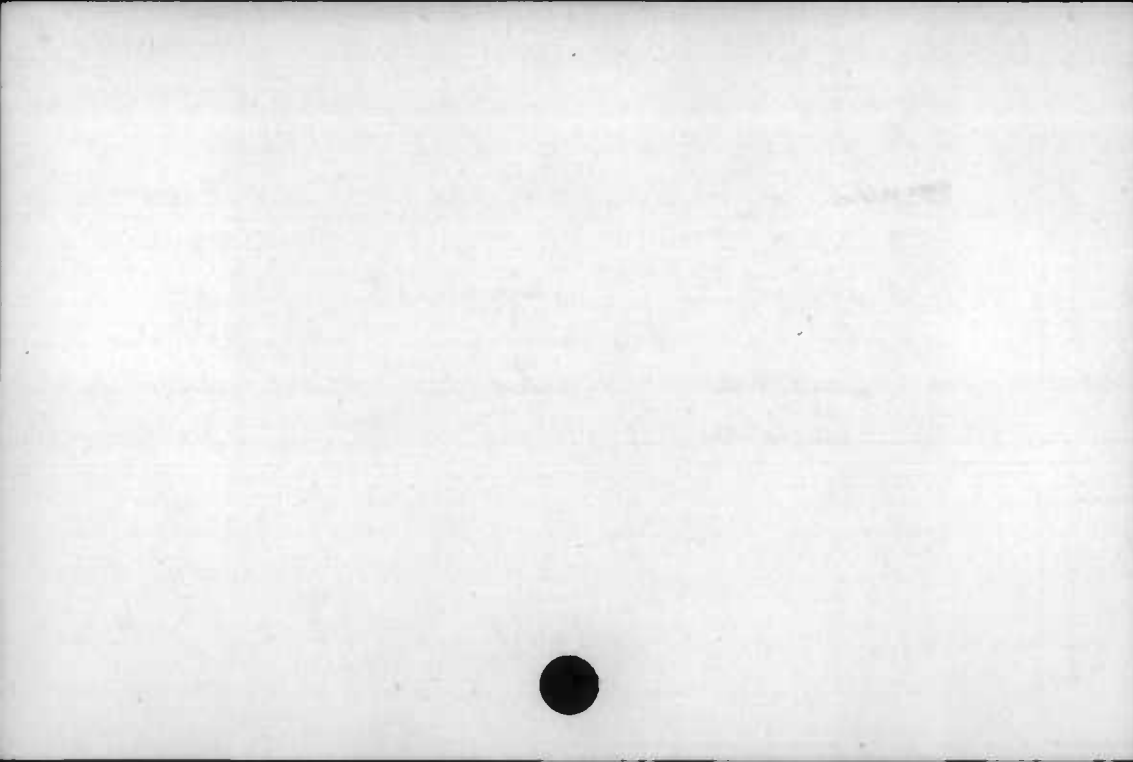
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                              |  |
|---|--|--|--|------------------------------|--|
| Died at <u>Salisbury</u> Town                             |  | <u>Wicomico</u> County   |  | MARYLAND                     |  |
| Date of death <u>1909</u> Month <u>June</u> Day <u>26</u> |  | Age <u>      </u> Years <u>      </u> Months <u>      </u> Days <u>6</u> |  |                              |  |
| Sex <u>Male</u>   |  | Color or Race <u>Yes</u>   |  | Birth-place <u>Salisbury</u> |  |
| Occupation <u>      </u>                                  |  | Where Residing if not at place of death <u>H. Weston St</u>              |  |                              |  |
| Married, Single or Widowed <u>      </u>                  |  | Name of Wife or Husband <u>      </u>                                    |  |                              |  |
| Father's Name <u>Alonzo Abetherley</u>                    |  | Father's Birthplace <u>Wicomico Co Md</u>                                |  |                              |  |
| Mother's Maiden Name <u>Nancy Winder</u>                  |  | Mother's Birthplace <u>      </u>  |  |                              |  |
| Name of person giving information <u>Nancy Winder</u>     |  | How related to deceased <u>Mother</u>                                    |  |                              |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |  |  |
|---|--|--|--|
| Primary   |  | How long <u>71</u> <u>+</u>              |  |
| Immediate <u>Convulsions</u>  |  | How long <u>24 hours</u>                 |  |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> |  | Signature of Physician <u>L B Potter</u> |  |
|   |  | Address <u>Salisbury</u>                 |  |
| Accident or Suicide? <u>(Stroke)</u>  |  |  |  |





Name  
in  
Full

Charles E. White

## CERTIFICATE OF DEATH

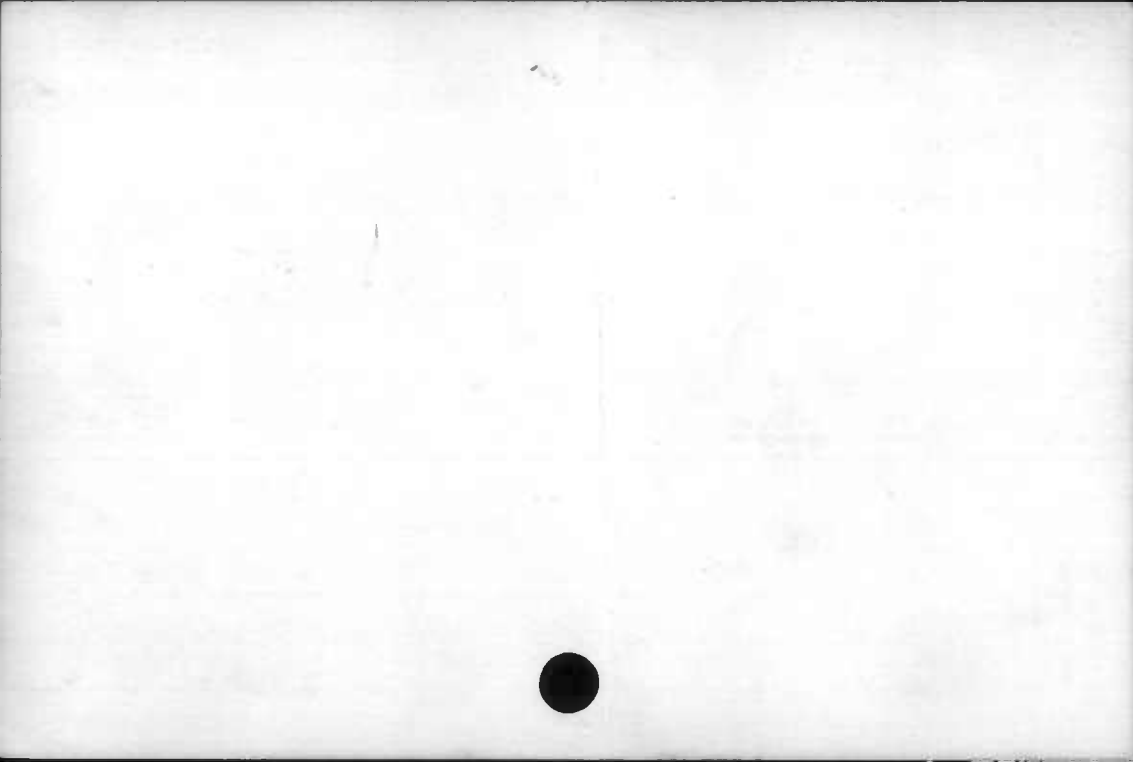
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |                                   |   |                         |           |
|-----------------------------------|--------------|-----------------------------------|---|-------------------------|-----------|
| Died at <u>Delmar</u> Town        |              | <u>Hicomicus</u> County           |   | MARYLAND                |           |
| Date of death                     | 1909         | Month                             | June  | Day                     | 30        |
| Age                               | 0            | Years                             | 0   | Months                  | 4         |
| Sex                               | male         | Color or Race                     | white   | Birth-place             | Delmar    |
| Occupation                        | Infant       |                                   | Where Residing if not at place of death<br>Delmar |                         |           |
| Married, Single or Widowed        | Infant       | Name of Wife or Husband<br>infant |   |                         |           |
| Father's Name                     | Floyd Sammis |                                   |   | Father's Birthplace     | md        |
| Mother's Maiden Name              | Bertha white |                                   |   | Mother's Birthplace     | Dela      |
| Name of person giving Information | Ella white   |                                   |   | How related to deceased | S. Mother |

## CAUSES OF DEATH

|  |                      |          |          |
|--|----------------------|----------|----------|
| Primary  | Marasmus             | How long | 3 Months |
| Immediate  | Marasmus             | How long | 3 Months |
| Are the name, age, sex, color, data and place correctly given above? | Yes                  |          |          |
| Signature of Physician   | Robert Ellgaard M.D. |          |          |
| Address  | Delmar Del           |          |          |
| Accident or Suicide  | Neither              |          |          |

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah E. White

## CERTIFICATE OF DEATH

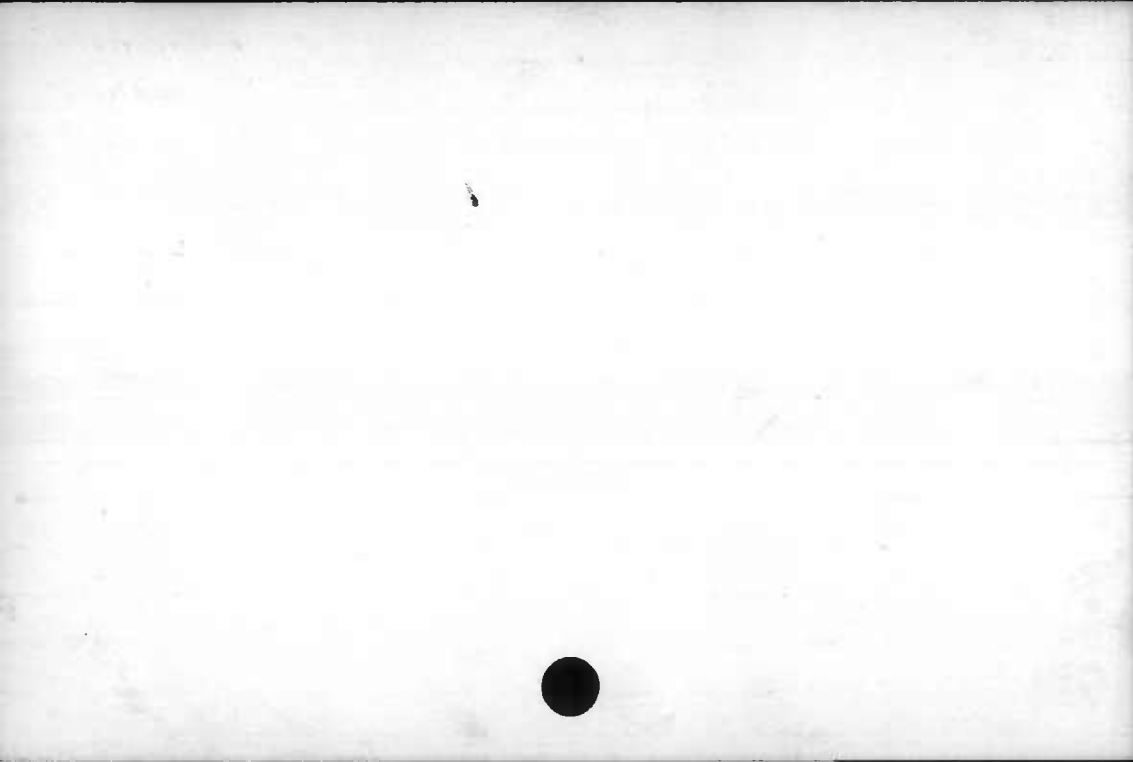
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                           |                         |  |                          |                   |
|-----------------------------------|---------------------------|-------------------------|--|--------------------------|-------------------|
| Died at <i>Frederick</i> Town     |                           | <i>Wicomico</i> County  |  | MARYLAND                 |                   |
| Date of death                     | 1909                      | Month                   | June   | Day                      | 21 <sup>st</sup>  |
| Age                               | 75                        | Years                   |  | Months                   |                   |
| Sex                               | Female                    | Color or Race           | Black  | Birth-place              | Somerset Co., Md. |
| Occupation                        | Housewife                 |                         | Where Residing if not at place of death <i>Danvers Quarter Som. Co., Md.</i> |                          |                   |
| Married, Single or Widowed        | Widow                     | Name of Wife or Husband | <i>William J. White</i>  |                          |                   |
| Father's Name                     | <i>Henry Roberts</i>      |                         | Father's Birthplace  | <i>Somerset Co., Md.</i> |                   |
| Mother's Maiden Name              | <i>Priscie</i>            |                         | Mother's Birthplace  | <i>" " "</i>             |                   |
| Name of person giving Information | <i>Joshua Leatherbury</i> |                         | How related to deceased  | <i>Son-in-law</i>        |                   |

## CAUSES OF DEATH

|  |                          |                        |                      |
|--|--------------------------|------------------------|----------------------|
| Primary  | <i>Diabetes Mellitus</i> | How long               | <i>2 years</i>       |
| Immediate  | <i>Same</i>              | How long               | <i>" "</i>           |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>               | Signature of Physician | <i>Harry C. Hill</i> |
|  |                          | Address                | <i>Dalishury Md</i>  |
| Accident or Suicide  |                          |                        |                      |

PHYSICIAN  
OR CORONER



Name  
in  
Full

St. A. C. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |      |                                     |               |   |             |
|---------------------------------------|------|-------------------------------------|---------------|---|-------------|
| Died at <u>Delmar</u> <sup>Town</sup> |      | <u>Shenandoah</u> <sup>County</sup> |               | MARYLAND                                |             |
| Date of death                         | 1909 | Month                               | June          | Day                                     | 25          |
| Age                                   |      | 62                                  | Years         | 3                                       | Months      |
| Sex                                   |      | male                                | Color or Race | white                                   | Birth-place |
| Occupation                            |      | Justice of Peace                    |               | Where Residing if not at place of death |             |
| Married, Single or Widowed            |      | Married                             |               | Name of Wife or Husband                 |             |
| Father's Name                         |      | Cyrus Williams                      |               | Father's Birthplace                     |             |
| Mother's Maiden Name                  |      | Marcella Adams                      |               | Mother's Birthplace                     |             |
| Name of person giving information     |      | Isaac Williams                      |               | How related to deceased                 |             |
|                                       |      |                                     |               | son                                     |             |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                  |                 |          |
|--|------------------|-----------------|----------|
| Primary  | Bright's Disease | How long        | 4 years  |
| Immediate  | Stroke           | How long        | 6 months |
| Are the name, age, sex, color, date and place correctly given above? |                  | Yes             |          |
| Signature of Physician   |                  | James Braxton   |          |
| Address  |                  | Delmar Delaware |          |
| Accident or Suicide?   |                  |                 |          |

